

Dr. Hermann
1710 E. 33rd St.
53 2501

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2501
Registered No.

1. NAME OF DECEASED (Type or Print)		Margaret Starkey		2. DATE OF DEATH Mar. 8, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland			
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2075 Rockrose Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 2811 Lake Avenue			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan. 31, 1871	9. AGE (in years last birthday) 82	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
13. FATHER'S NAME Joseph Kuhn		14. MOTHER'S MAIDEN NAME Elizabeth ?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Mr. Joseph Kuhn, 2811 Lake Avenue	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Coronary Emolium (A) DUE TO Myocarditis (B) DUE TO Arteriosclerosis (C)		INTERVAL BETWEEN ONSET AND DEATH 1 hr. 2 yrs. Days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-1-51, 19__, to 3/8/53, 19__, that I last saw the deceased alive on 3/7/53, 19__, and that death occurred at __ m., from the causes and on the date stated above.					
23A. SIGNATURE Dr. Hermann		23B. ADDRESS 1710 E. 33rd St.		23C. DATE SIGNED 3/8/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/11/53		24C. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery	
				24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR MAR 9 1953		REGISTRAR'S SIGNATURE Huntington Williams		FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Road.	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2502

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARIA ZSITNIK

2. DATE
OF
DEATH

3/6/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

SINAI HOSPITAL OF BALTO

C. CITY OR TOWN

(If outside corporate limits, write full name of township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4414 Powell Avenue

c. Length of stay in Baltimore

5. SEX

7

6. COLOR OR RACE

W

7. SINGLE, (MARRIED)

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

8/7/84

9. AGE (in years

last birthday)

68

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

AT HOME

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

AUSTRIA

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Andrew Herold

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 4414

Mr John ZSITNIK - POWELL

18. 420.1 and 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute Myocardial Infarct

DUE TO

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerotic Hypertensive Cardi-
Vascular Disease

DUE TO

5 years

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

Diabetes Mellitus

15 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/6, 1953, to 3/6, 1953, that I last saw the
deceased alive on 3/6, 1953 and that death occurred at 2:20 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Julius S. Pover

M. D.

23B. ADDRESS

Sinai Hospital of Balto

23C. DATE SIGNED

3/6/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-9-53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem

24D. LOCATION (City, town, or county)

Balto

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

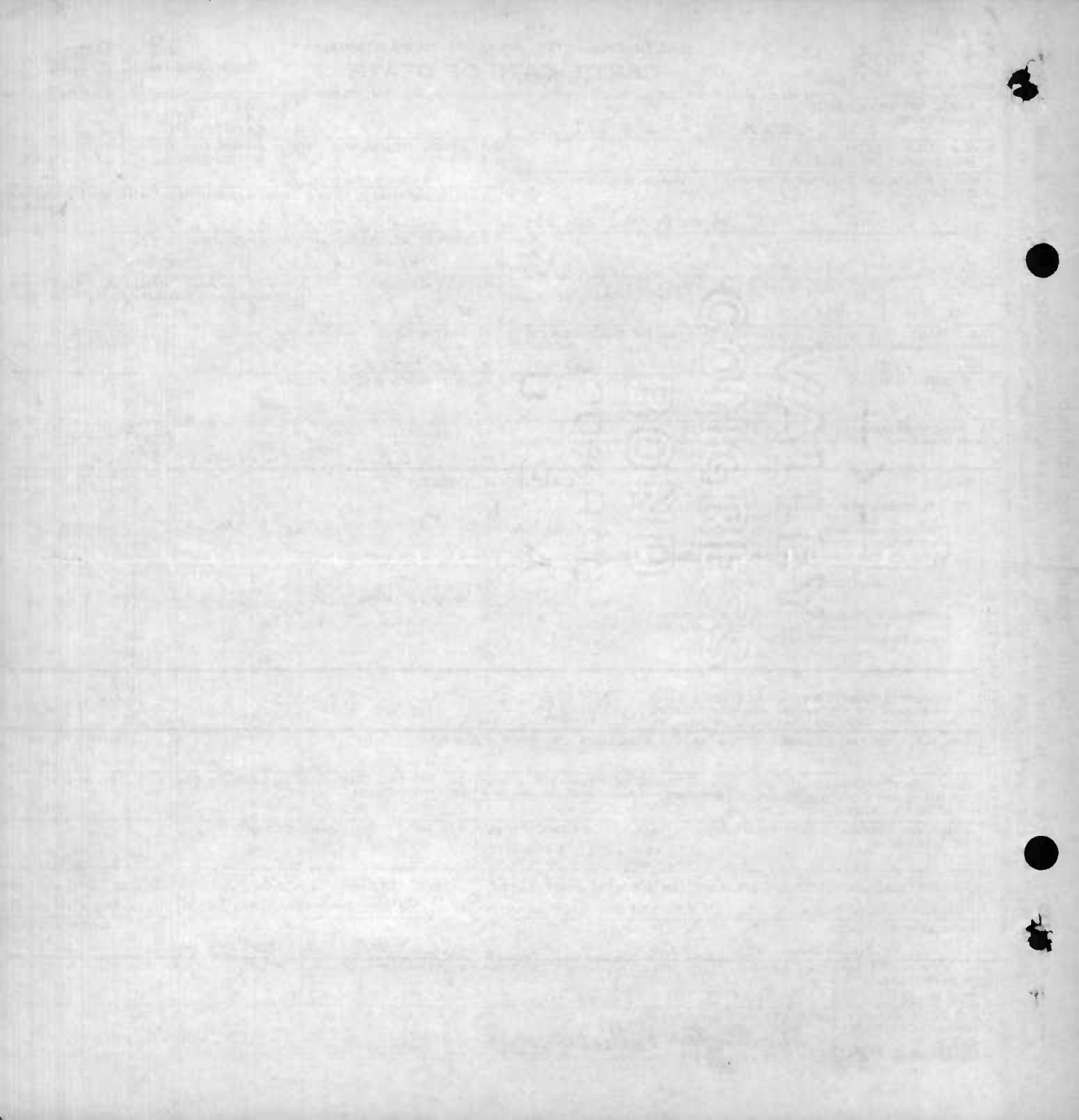
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Buck

ADDRESS

5305 Harford Rd



MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

620
53 2503

BALTIMORE CITY HEALTH DEPARTMENT

BRESCIA

53 2503

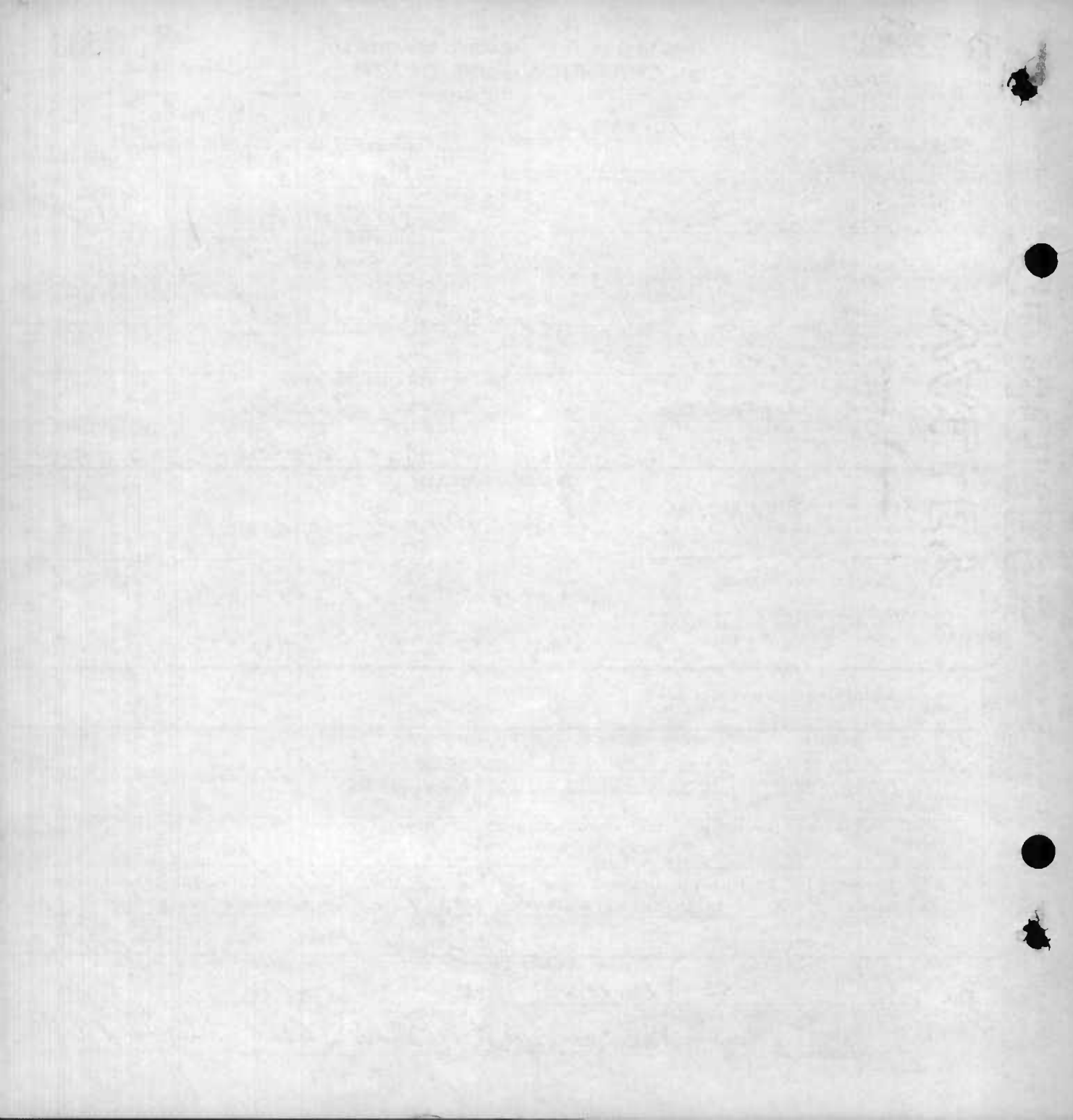
Registered No.

BIRTH NO. EPAMINONDA J CERTIFICATE OF DEATH

1. NAME OF DECEASED (Type or Print) <i>OR John E. Brescia.</i>			2. DATE OF DEATH <i>3/7/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Maryland Gen. Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>2502 Eager St.</i>		
5. SEX <i>M.</i>	6. COLOR OR RACE <i>wh.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>Sept 7-1884</i>	9. AGE (in years last birthday) <i>68</i>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>SELF EMP - CARPENTER - RET.</i>			11. BIRTHPLACE (State or foreign country) <i>Italy</i>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>Alexander Brescia</i>			14. MOTHER'S MAIDEN NAME <i>CLARA Calucci</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <i>215-05-7069</i>		
17. INFORMANT <i>Mrs Mary Brescia</i>			ADDRESS <i>2502 Eager</i>		

18. <i>150X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>(A) Mediastinitis & Bronchopneumonia</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>5 wks.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>(B) Esophago-Broncho Fistulae (Blot)</i> DUE TO <i>(C) Carcinoma of Esophagus.</i>		<i>1 yr +</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>Sept 1952</i>		19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma of Esophagus</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>1/29</i> , 19 <i>53</i> , to <i>3/7/53</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>3/7/53</i> , 19 <i>53</i> , and that death occurred at <i>4:15 P.m.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>J. E. Bryant</i>		23B. ADDRESS <i>M. D. Maryland Gen Hosp</i>		23C. DATE SIGNED <i>3/7/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3-11-53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine Park</i>	24D. LOCATION (City, town, or county) <i>BALTO</i>	(State) <i>Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 5 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>L. J. Luck</i>	ADDRESS <i>5305 Harford Rd</i>	



53 2504

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

STEPHEN J. LINTHICUM

2. DATE
OF
DEATH

Mar. 6, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)A. STATE
Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

3906 Dorchester Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3906 Dorchester Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Apr. 1, 1869

9. AGE (In years
last birthday)

83

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Secretary (rtd)

10B. KIND OF BUSINESS OR
INDUSTRY

Banking

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Stephen Lee Linthicum

14. MOTHER'S MAIDEN NAME

Sarah Elizabeth Sherbert

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Sue J. Linthicum - 3906 Dorchester Rd.

18. 422.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Wremia

1 week

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Chronic Passive Congest of Kidneys 3 mos

DUE TO

(C)

Chronic Myocarditis - 10 yrs

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/25, 1935, to 3/5, 1935, that I last saw the
deceased alive on 3/5, 1935, and that death occurred at 3A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

3403 Larrin Blvd

3/6/35

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/9/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cen.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 9 1953

Huntington Williams, M.D. J. Pickner & Sons

VS 150

Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 2505**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Charles E. Bennett**2. DATE
OF
DEATH**March 5, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION**JOHNS HOPKINS HOSPITAL**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore**18-03**

D. STREET ADDRESS (If rural, give location)

863 Halling St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Widowed**

8. DATE OF BIRTH

4-10-349. AGE (In years
last birthday)**68**If Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**pipefitter**10B. KIND OF BUSINESS OR
INDUSTRY**Railroad**

11. BIRTHPLACE (State or foreign country)

Arizona12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

C. F. Necomber

14. MOTHER'S MAIDEN NAME

Mattie Frazier15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.**578-07-491**

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL18. **420.1 and 177X**DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary occlusionINTERVAL BETWEEN
ONSET AND DEATH**Few minutes**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.**Carcinoma of Prostate**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3-5**, 1953, to **3-5**, 1953, that I last saw the
deceased alive on **3-5**, 1953, and that death occurred at **6 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE

John T. Grayhawk

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

4/6/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

3/9/53

24C. NAME OF CEMETERY OR CREMATORY

St. Peters Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Baltimore, Md.

25. FUNERAL DIRECTOR

Wm. J. Tiskner & Sons

ADDRESS

Balto 17, Md.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2506

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

PAUL DIERINGER

2. DATE
OF
DEATH

MARCH 7, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MD

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

SINAI Hosp of Baltimore, Inc.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

13 Maple Drive

c. Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Jan. 8, 1889

9. AGE (in years
last birthday)

64

If Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

?

10B. KIND OF BUSINESS OR
INDUSTRY

Glen L. Martin Co.

11. BIRTHPLACE (State or foreign country)

Franklin, Pa.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Joseph Dieringer

14. MOTHER'S MAIDEN NAME

Henrietta Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

Mrs. Margaret Dieringer

ADDRESS

Above

18. **177X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) **PROSTATIC CARCINOMA with
DUE TO METASTASES to LIVER, BONES**

34 YEARS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

Cholemia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3/7**, 19**53** to **3/7**, 19**53** that I last saw the
deceased alive on **3/7**, 19**53** and that death occurred at **10 P.** m., from the causes and on the date stated above.

23A. SIGNATURE

Hunter G. Gledhill

M. D.

23B. ADDRESS

Sinai Hosp. of Baltimore

23C. DATE SIGNED

3-8-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

3/9/53

24C. NAME OF CEMETERY OR CREMATOR

Franklin

24D. LOCATION (City, town, or county)

Franklin Pa.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 9 1953

REGISTRAR'S SIGNATURE

Hunter G. Gledhill, M.D., Registrar, Sons, Inc. Balt. Md

25. FUNERAL DIRECTOR

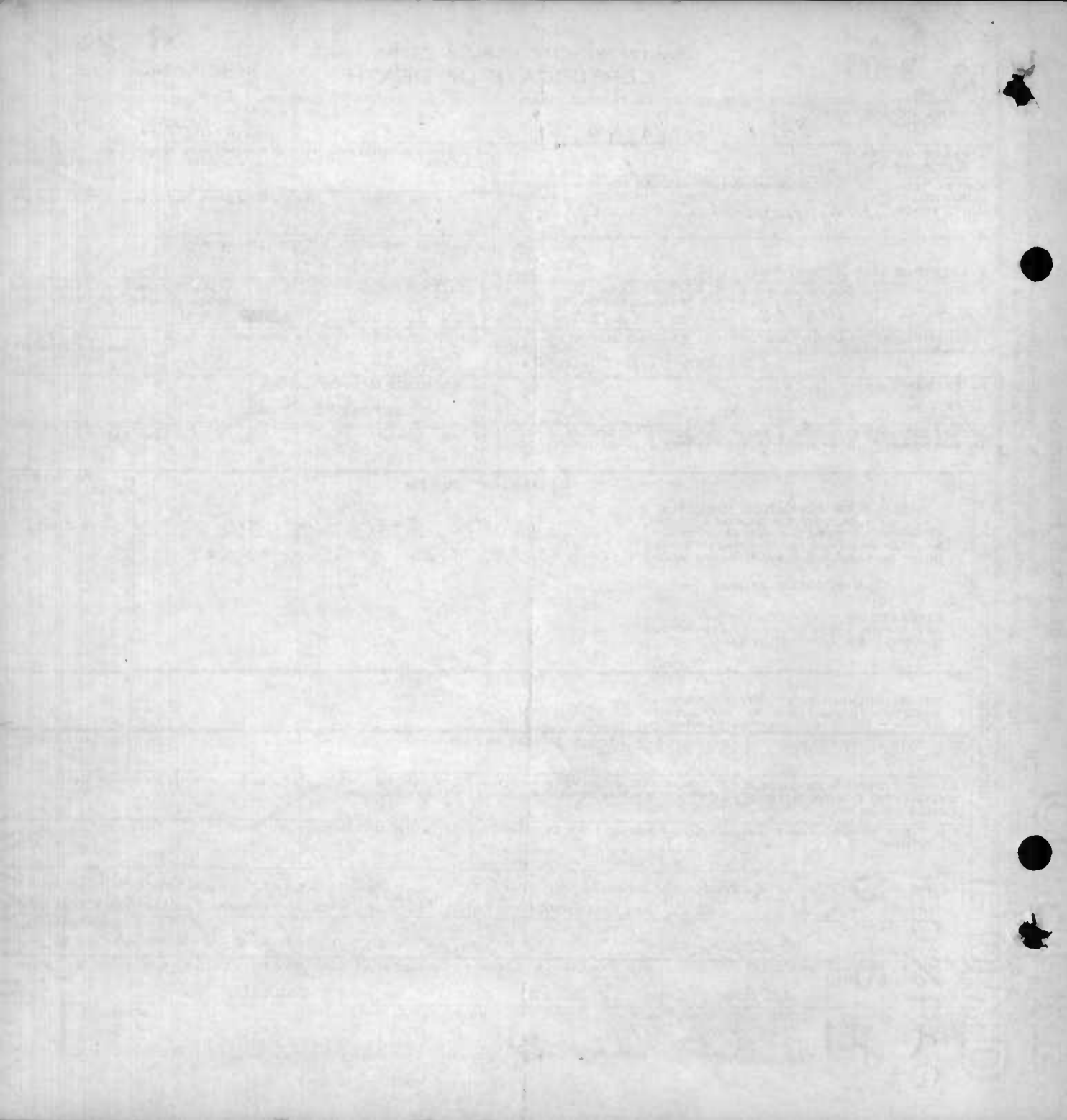
ADDRESS

VS 150

6903T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



AB-168101

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Daniel Burnhart (Daniel Bernhardt)

2. DATE
OF
DEATH

3-6-1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

250 S. Loudon Ave. (South) zone 29

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 11, 1915

9. AGE (In years
last birthday)

37

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

STANDARD ANALYST

10b. KIND OF BUSINESS OR
INDUSTRY

AIRCRAFT MFG.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Daniel

14. MOTHER'S MAIDEN NAME

Sally Dorsey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.17. INFORMATION
Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 416X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Rheumatic Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-23-1953 to 3-6-1953, that I last saw the
deceased alive on 3-6-1953, and that death occurred at 4 P m., from the causes and on the date stated above.

23a. SIGNATURE

H. C. Johnson, M.D.

23b. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23c. DATE SIGNED

3-7-1953

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

3-10-53

24c. NAME OF CEMETERY OR CREMATORY

Cathedral Cem.

24d. LOCATION (City, town, or county) (State)

Balt.

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Sengelt N. Feely - Catonsville, Md.

CERTIFICATE OF DEATH

22

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

569
53 2508

EMORY
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2508

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>SAMUEL EMORY</i>		2. DATE OF DEATH <i>3/5/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY _____			
B. FULL NAME OF (If not in hospital) or institution, give street address or location <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE</i>			
c. Length of stay in Baltimore <i>LIFE</i>		D. STREET ADDRESS (If rural, give location) <i>1109 W. MULBERRY ST.</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>SINGLE</i>	8. DATE OF BIRTH <i>OCT. 14, 1906</i>		9. AGE (In years last birthday) <i>46</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>COOK</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>RESTURANT</i>		11. BIRTHPLACE (State or foreign country) <i>BALTIMORE</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>SAMUEL EMORY</i>		14. MOTHER'S MAIDEN NAME <i>MARY SCOTT</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>NO NO</i>		16. SOCIAL SECURITY NO. <i>218-03-3343</i>		17. INFORMANT ADDRESS <i>ROSA SPAIN(S) 1011 BENNETT PL.</i>	
1B. <i>011X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Intestinal Obstruction</i> DUE TO <i>Tuberculosis Peritonitis</i> DUE TO <i>Antecedent Causes</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>2/28/53</i>		19B. MAJOR FINDINGS OF OPERATION <i>Tuberculosis Peritonitis</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3/2</i> , 19 <i>53</i> , to <i>3/5</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>3/5</i> , 19 <i>53</i> and that death occurred at <i>2:30</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Samuel W. Deisler</i>		23B. ADDRESS <i>University Hospital</i>		23C. DATE SIGNED <i>3/5/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>3/9/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>ARBUTUS MEM'L PK.</i>	
24D. LOCATION (City, town, or county) (State) <i>BALTO. COUNTY, MD.</i>		25. FUNERAL DIRECTOR <i>Charles G. Goyer</i>		ADDRESS <i>512</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>March 9 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		ADDRESS <i>754 6M</i>	

STATE OF NEW YORK
DEPARTMENT OF HEALTH

NAME

RESIDENCE

DATE OF DEATH

AGE

SEX

OCCUPATION

CAUSE OF DEATH

PLACE OF DEATH

DATE OF REPORT

NO.

10

REPORTED BY

DATE OF REPORT

10

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2509

Registered No. _____

BIRTH NO. 53 2509		1. NAME OF DECEASED (Type or Print) <i>John Edward Huss</i>		2. DATE OF DEATH <i>Mar. 7, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Hosp. Hal 5</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Towson 4</i>			
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>504 Broom Dr</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>8-31-'72</i>	9. AGE (In years last birthday) <i>80</i>	If Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Salesman</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Grand Indian Trade</i>		11. BIRTHPLACE (State or foreign country) <i>Pa.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>John Huss</i>		14. MOTHER'S MAIDEN NAME <i>Louisa Penny</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No.</i>		16. SOCIAL SECURITY NO. <i>215-09-1019A</i>		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>153X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Lobar Pneumonia</i>		CAUSE OF DEATH <i>Lobar Pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 Week</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Retropneumonal Abscess</i>		<i>Carcinoma of Cecum</i>		<i>1 week</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>Feb 27, 1953</i>		19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma of Cecum</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., home or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2-23-</i> , 19 <i>53</i> to <i>3-7-</i> , 19 <i>53</i> that I last saw the deceased alive on <i>3-7-</i> , 19 <i>53</i> and that death occurred at <i>8:45</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Dr. Harold K. ...</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>3-7-53</i>	
24A. BURIAL CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>3-10-1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>LOUDON PARK</i>	24D. LOCATION (City, town, or county) (State) <i>BALTO. MD.</i>	25. FUNERAL DIRECTOR ADDRESS <i>NEW JENKINS & SONS Co. 4905 YORK RD</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 9 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>			

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

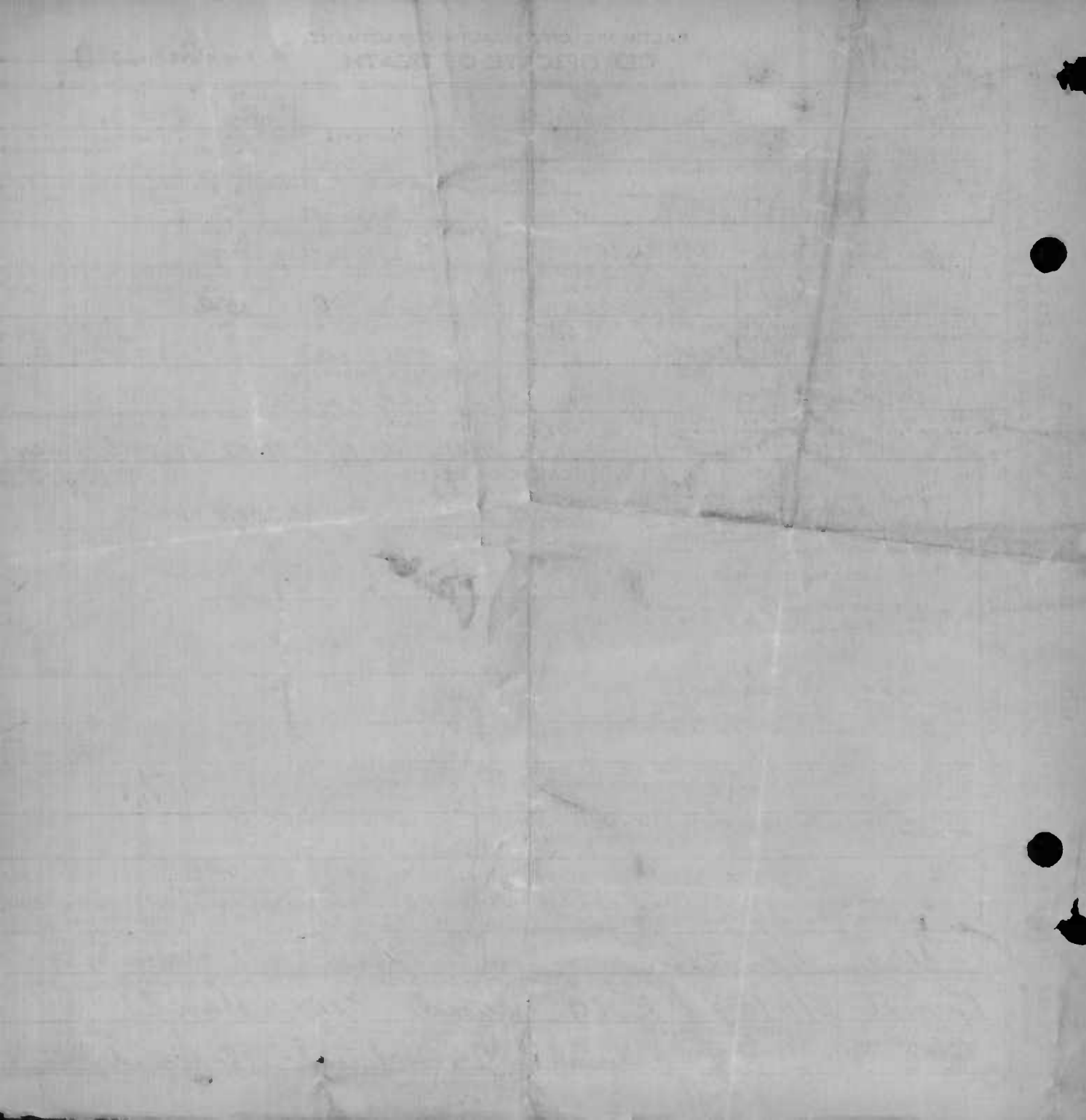
Registered No. **52 2510**

BIRTH NO. **500 2510**

1. NAME OF DECEASED (Type or Print) EDWARD VEINE			2. DATE OF DEATH March 5, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1302 Myrtle Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore years			D. STREET ADDRESS (If rural, give location) 1302 Myrtle Avenue		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 10, 1900	9. AGE (In years last birthday) 52	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unemployed			11. BIRTHPLACE (State or foreign country) Virginia		
13. FATHER'S NAME Unknown			12. CITIZEN OF WHAT COUNTRY? U. S. - A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes			16. SOCIAL SECURITY NO.		
14. MOTHER'S MAIDEN NAME Unknown			17. INFORMANT Marie Veiney - 1302-Myrtle Ave		
18. 490x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Lobar pneumonia of right lower lobe			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(B) DUE TO (C)		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William H. [Signature]		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED March 5, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/11/53		24C. NAME OF CEMETERY OR CREMATORY Belts. National	
24D. LOCATION (City, town, or county) (State) Maryland		24E. DATE RECEIVED BY LOCAL REGISTRAR March 5, 1953		24F. REGISTRAR'S SIGNATURE William H. [Signature]	
24G. FUNERAL DIRECTOR A. Halstead - 918-Grand St.		24H. ADDRESS		24I.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 2511**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**HOWARD N. KELLER**2. DATE
OF
DEATH**MAR 7, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE **MD.** B. COUNTY **before admission)**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2506 FRANK AVE

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

BALTO

D. STREET ADDRESS (If rural, give location)

2506 FRANK AVE

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W.7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**MARRIED**

8. DATE OF BIRTH

1-10-18949. AGE (In years
last birthday)**59**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**PIPEFITTER**10B. KIND OF BUSINESS OR
INDUSTRY**PLUMBER**

11. BIRTHPLACE (State or foreign country)

BALTO.12. CITIZEN OF
WHAT COUNTRY?**USA.**

13. FATHER'S NAME

GEORGE KELLER

14. MOTHER'S MAIDEN NAME

MARY JANE KELLER (RUBY)15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**YES****W.W.I**16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs SOPHIA M. KELLER - BALTO18. **744.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary OcclusionINTERVAL BETWEEN
ONSET AND DEATH**1 min ±**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Muscular dystrophy**10 yr ±**

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 1953**, to **March 7, 1953**, that I last saw the
deceased alive on **March 6, 1953**, and that death occurred at **4:15 p. m.**, from the causes and on the date stated above.

23A. SIGNATURE

Dr. C. H. Miller MD

23B. ADDRESS

642 W. 10th St

23C. DATE SIGNED

3-9-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL**3-11-53****Baltimore****BALTO. MD.**DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 9 1953**Huntington Williams, MD****Michael J. Blight 6009 Hayes Rd**

Dr. Rangle R.V. Le.
64th Wash. Blvd. 4600

11/11/11

N

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2512

BIRTH NO. 53 2512 *Non Res*

1. NAME OF DECEASED (Type or Print) <i>Herbert Stone</i>		2. DATE OF DEATH <i>Mar. 7, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Hal 28.</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1022 N. Washington St</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>3-5-08</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>monument setter</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>5</i>
13. FATHER'S NAME <i>Herbert Stone</i>		11. BIRTHPLACE (State or foreign country) <i>Virginia</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>213-07-0444</i>	17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>

18. <i>578X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Intestinal gangrene</i>	CAUSE OF DEATH (A) <i>Intestinal gangrene</i> DUE TO (B) <i>Mesenteric occlusion</i> DUE TO (C) <i>Arteriosclerotic Cardiovascular Disease</i>	INTERVAL BETWEEN ONSET AND DEATH <i>? 2 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>3/6/53</i>	19B. MAJOR FINDINGS OF OPERATION <i>Gangrene of small intestine</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>3-6-53</i> to <i>3-7-53</i> that I last saw the deceased alive on <i>3-7-1953</i> and that death occurred at <i>8:15 a.m.</i> from the causes and on the date stated above.		
23A. SIGNATURE <i>Randolph J. Collick</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>3/7/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3-11-1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary Cemetery</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 3 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	24D. LOCATION (City, town, or county) (State) <i>Anne Arundel Co. Md.</i>
25. FUNERAL DIRECTOR <i>Randolph J. Collick</i>		ADDRESS <i>142 E. Preston St.</i>

1892

Wm. H. H. H.

Wm. H. H. H.

Wm. H. H. H.

Wm. H. H. H.

Wm. H. H. H.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 2513**
53 2513
BIRTH NO.

1. NAME OF DECEASED (Type or Print) LORETTA DEEGAN			2. DATE OF DEATH MARCH 7, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE MARYLAND B. COUNTY 8-03		
B. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSP.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1505 N. MONTFORD AVE.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SEPARATED	8. DATE OF BIRTH Jan. 1, 1893	9. AGE (In years last birthday) 60	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY At Home		
11. FATHER'S NAME JOHN ANDREW MANNING			12. CITIZEN OF WHAT COUNTRY? U.S.		
13. MOTHER'S MAIDEN NAME M. THERESA SAFFRON			14. BIRTHPLACE (State or foreign country) Balto. Md.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		

18. 260 X and E 903.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PORTAL CIRRHOSIS (A) DUE TO		CAUSE OF DEATH PORTAL CIRRHOSIS	INTERVAL BETWEEN ONSET AND DEATH 2 YRS.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Diabetes (B) DUE TO		CERTIFICATION APPROVED BY C.V.D. (C) DUE TO	? M.D.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. MULTIPLE FRACTURES				INTERVAL BETWEEN ONSET AND DEATH 3 WEEKS
19A. DATE OF OPERATION 1/4/53		19B. MAJOR FINDINGS OF OPERATION Well by cast to legs		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1505 N. Montford Ave.		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 2/18/53 6 PM	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Fell down while walking		
22. I hereby certify that I attended the deceased from Feb 18, 1952 to 3/7/53 , that I last saw the deceased alive on 3/7 , 19 53 and that death occurred at 4:30 A.M. , from the causes and on the date stated above.				
23A. SIGNATURE W. B. Rev...		23B. ADDRESS Mercy Hosp		23C. DATE SIGNED 3/7/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Buried	24B. DATE 3-10-53	24C. NAME OF CEMETERY OR CREMATORY New Cathedral	24D. LOCATION (City, town, or county) (State) Friedrich Rd. - Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 9 - 1953	REGISTRAR'S SIGNATURE H. H. ...	25. FUNERAL DIRECTOR John C. Miller Inc. - 2431 E. Oliver St		

2466

RECEIVED
FEBRUARY 1966

RECEIVED
FEBRUARY 1966

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2514

BIRTH NO. <u>53 2514</u>		1. NAME OF DECEASED (Type or Print) <u>Sarah Graham</u>		2. DATE OF DEATH <u>Mar-6-1953</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Ceph</u>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>MD</u> B. COUNTY <u>+</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>			
D. STREET ADDRESS (If rural, give section) <u>249 Bethel Court</u>		E. Length of stay in Baltimore <u>50 Yrs.</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>12-15-85</u>	9. AGE (In years last birthday) <u>67</u>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Richmond Co. Va.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Arch Gibson</u>		14. MOTHER'S MAIDEN NAME <u>Mary Davis</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>	
18. <u>446x</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Creemia</u> DUE TO <u>Arteriosclerosis</u> DUE TO <u>Hypertension</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>3-6-53</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>3-4</u> , 19 <u>53</u> , to <u>3-5</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3-6</u> , 19 <u>53</u> , and that death occurred at <u>7:30</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Huntington Williams, M.D.</u>		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED <u>3/6/53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>3/9/1953</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Mt Calvary Cem.</u>	
24D. LOCATION (City, town, or county) (State) <u>Brooklyn Md.</u>		25. FUNERAL DIRECTOR <u>Elsey O. Wilson</u>		ADDRESS <u>1000 Beauty ave</u>	

CERTIFICATE OF DEATH

RETURNED TO SENDER

1913

Name of Deceased		Age		Sex		Race		Date of Death		Place of Death		Cause of Death		Signature of Physician		Signature of Registrar	
John Doe		45		Male		White		Jan 15, 1913		New York City		Heart Disease		J. Smith		A. Brown	
Occupation		Residence		Marital Status		Education		Religion		Burial Place		Time of Death		Signature of Informant		Signature of Witness	
Teacher		123 Main St		Married		High School		Catholic		St. Mary's		10:00 AM		B. Green		C. White	
Informant's Name		Informant's Address		Informant's Signature		Informant's Title		Informant's Date		Informant's Phone		Informant's Hospital		Informant's Doctor		Informant's Notes	
D. White		456 Elm St		[Signature]		Physician		Jan 16, 1913		123-4567		St. Mary's		J. Smith		[Notes]	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2515

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Elizabeth2. DATE
OFDEATH March-8-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. CityJames4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY before admissionB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION1809 Presbury StreetC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1809 Presbury Street

C. Length of stay in Baltimore

LifeYrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col.7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Widow

8. DATE OF BIRTH

Oct-5-18939. AGE (In years
last birthday)59If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Housewife10B. KIND OF BUSINESS OR
INDUSTRYAt Home

11. BIRTHPLACE (State or foreign country)

Trapp Md.12. CITIZEN OF
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

Charles James

14. MOTHER'S MAIDEN NAME

Elizabeth James15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)No16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Calvin James 1712 W. North Ave18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH.
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH3??II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Sclerosis19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1952, to 3-8-53, 1953, that I last saw the
deceased alive on 3-8, 1953, and that death occurred at 9:20 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Clifford P. Murranda

M. D.

23B. ADDRESS

2304 Dund Hill Ave

23C. DATE SIGNED

3-9-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/11/1953 Mt Calvary Cem.

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Brooklyn Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Eliza A. Wilson 1001 S. 1st St. up

25. FUNERAL DIRECTOR

ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2516
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Addison Carter</i>			2. DATE OF DEATH <i>3-7-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>336 N. Carrollton Ave</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>18-02</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>336 N. Carrollton Ave</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>		
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>336 N. Carrollton Ave</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>Jan 25-1894</i>	9. AGE (In years last birthday) <i>59</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Truck Driver</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Produce</i>		11. BIRTHPLACE (State or foreign country) <i>Balto. Md</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>		13. FATHER'S NAME <i>Thomas Carter</i>		14. MOTHER'S MAIDEN NAME <i>Annie Watty</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>-</i>		16. SOCIAL SECURITY NO. <i>213-02-0991</i>		17. INFORMANT <i>Madeline Carter - 336 N. Carrollton</i>	
18. <i>332X</i>		I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1/16/53</i>	
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arterio sclerosis</i>		(B) <i>Arterio sclerosis</i>			
(C) <i>Arterio sclerosis</i>					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan 15, 1953</i> to <i>March 7, 1953</i> , that I last saw the deceased alive on <i>3/6, 1953</i> and that death occurred at <i>8:15 P. M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>C. Walter Sheren</i>		23B. ADDRESS <i>411 Division St.</i>		23C. DATE SIGNED <i>3/9/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3-11-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn Cem</i>	
24D. LOCATION (City, town, or county) <i>Balto. Md</i>		24E. LOCATION (State) <i>Md</i>		24F. LOCATION (State)	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 9 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Samuel W. Sullivan Jr</i>	
VS 150		ADDRESS <i>970631011 N. Arlington Ave</i>			

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of birth		6. Usual residence		7. Cause of death		8. Manner of death	
9. Occupation		10. Education		11. Marital status		12. Social status	
13. Date of birth		14. Date of death		15. Date of burial		16. Date of cremation	
17. Name of physician		18. Name of funeral director		19. Name of cemetery		20. Name of crematorium	
21. Name of registrar		22. Name of informant		23. Name of witness		24. Name of undertaker	
25. Name of coroner		26. Name of jury		27. Name of jury		28. Name of jury	
29. Name of jury		30. Name of jury		31. Name of jury		32. Name of jury	
33. Name of jury		34. Name of jury		35. Name of jury		36. Name of jury	
37. Name of jury		38. Name of jury		39. Name of jury		40. Name of jury	
41. Name of jury		42. Name of jury		43. Name of jury		44. Name of jury	
45. Name of jury		46. Name of jury		47. Name of jury		48. Name of jury	
49. Name of jury		50. Name of jury		51. Name of jury		52. Name of jury	
53. Name of jury		54. Name of jury		55. Name of jury		56. Name of jury	
57. Name of jury		58. Name of jury		59. Name of jury		60. Name of jury	
61. Name of jury		62. Name of jury		63. Name of jury		64. Name of jury	
65. Name of jury		66. Name of jury		67. Name of jury		68. Name of jury	
69. Name of jury		70. Name of jury		71. Name of jury		72. Name of jury	
73. Name of jury		74. Name of jury		75. Name of jury		76. Name of jury	
77. Name of jury		78. Name of jury		79. Name of jury		80. Name of jury	
81. Name of jury		82. Name of jury		83. Name of jury		84. Name of jury	
85. Name of jury		86. Name of jury		87. Name of jury		88. Name of jury	
89. Name of jury		90. Name of jury		91. Name of jury		92. Name of jury	
93. Name of jury		94. Name of jury		95. Name of jury		96. Name of jury	
97. Name of jury		98. Name of jury		99. Name of jury		100. Name of jury	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2517

1. NAME OF DECEASED (Type or Print) HARRY G. BURALL		2. DATE OF DEATH March 7, 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY none	
b. FULL NAME OF HOSPITAL OR INSTITUTION 2215 Roslyn Avenue		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 80 Yrs.		d. STREET ADDRESS (If rural, give location) 2215 Roslyn Avenue	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 14, 1862
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Engineer		10b. KIND OF BUSINESS OR INDUSTRY Baltimore Locomotive Works	9. AGE (In years last birthday) 90
11. BIRTHPLACE (State or foreign country) New London, Maryland		12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME Oliver Burall		14. MOTHER'S MAIDEN NAME Anne Elizabeth Gray	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Helen Burall Darrow		ADDRESS 2 Soundview Ave. White Plains, N.Y.	
18. 420.0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Left Hemiplegia DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Arteriosclerotic Heart disease OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 5 days year			
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 1946 to March 7, 1953 , that I last saw the deceased alive on March 6, 1953 , and that death occurred at 4 A m., from the causes and on the date stated above.			
23a. SIGNATURE William L. Fearney		23b. ADDRESS 3025 Belair Road	
23c. DATE SIGNED 3-9-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) cremation		24b. DATE 3 - 9 - 53	
24c. NAME OF CEMETERY OR CREMATORY Loudon Park		24d. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR APR 9 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR M B Mitchell		ADDRESS John O. Mitchell & Sons, Inc. - 1900 Eutaw Place	

RECEIVED
 10/25/50

RECEIVED
 10/25/50

RECEIVED
 10/25/50

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2518BIRTH NO. 49-079841. NAME OF DECEASED
(Type or Print) Parks Myrtis Ann2. DATE OF DEATH 3-6-533. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD B. COUNTY MDB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION U. I.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto Md 22-01D. STREET ADDRESS (If rural, give location)
12 W Lee

C. Length of stay in Baltimore

Yrs.
Mos.
Days5. SEX F6. COLOR OF SKIN red

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH 4-11-499. AGE (in years last birthday) 4

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY Child

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY? USA13. FATHER'S NAME LOVE14. MOTHER'S MAIDEN NAME Bertha Perry

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mother.

ADDRESS

18. Egib. 0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) Burns 2, 3° covering 10 hrs
DUE TO 60% of body surface,
dehydration.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hy pertension
DUE TO

CERTIFICATION APPROVED BY

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.R. B. Fisher

M. D.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

CHIEF OR ASST. MEDICAL 20. AUTOPSY?YES ☐ NO ☒21A. ACCIDENT WAS INDIRECT
LYING OR CONTRIBUTING CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 12 W. Lee21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 3/5/53. 1pm.21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒21F. HOW DID INJURY OCCUR? Playing near coal stove - ignited clothes22. I hereby certify that I attended the deceased from 3-6, 1953 to 3-6, 1953 that I last saw the deceased alive on 3-6, 1953 and that death occurred at 9:30 pm., from the causes and on the date stated above.23A. SIGNATURE R. B. Fisher

M. D.

23B. ADDRESS U. I.23C. DATE SIGNED 3-7-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE 3/9/5324C. NAME OF CEMETERY OR CREMATORY Int. Calvary24D. LOCATION (City, town, or county) A. A. Co, Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE Huntington Williams, M.D.25. FUNERAL DIRECTOR Edwards & SonADDRESS 108

MAR 9 1953

VS 150

accidental death subject to approval by Medical Examiner

STATE OF NEW YORK
IN SENATE
JANUARY 1, 1903.

RECEIVED
JAN 1 1903
STATE OF NEW YORK
SENATE

REPORT OF THE
COMMISSIONER OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE
JANUARY 1, 1903.

ALBANY:
J. B. LIPPINCOTT & CO., PRINTERS,
1903.

THE STATE OF NEW YORK
OFFICE OF THE COMMISSIONER OF THE LAND OFFICE
ALBANY, N. Y., JANUARY 1, 1903.

SIR:

I have the honor to acknowledge the receipt of your letter of the 27th inst.

and in reply to inform you that the same has been forwarded to the proper authorities.

I am, Sir, very respectfully,
Yours very truly,
J. B. LIPPINCOTT & CO.

ALBANY, N. Y., JANUARY 1, 1903.

Very truly,
J. B. LIPPINCOTT & CO.

ALBANY, N. Y., JANUARY 1, 1903.

Very truly,
J. B. LIPPINCOTT & CO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2519
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY SEITZ

2. DATE
OF
DEATH

March 6, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

734 S. Curley Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

734 S. Curley Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

June 18, 1887

9. AGE (In years
last birthday)

65

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Ament

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

-

-

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

ADDRESS

Mrs. Anna Kahler, 734 S. Curley Street

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Arteriosclerotic Cardiovascular
Disease

5 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from June 1952 to March 1953, that I last saw the
deceased alive on March 6 1953, and that death occurred at 9:50 PM, from the causes and on the date stated above.

23A. SIGNATURE

Clarena W. LeDoux

M. D.

23B. ADDRESS

3023 Eastern Ave.

23C. DATE SIGNED

3/9/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

3/10/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, State or County)

Baltimore,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

F. SADOWSKI & SONS, 1808 EASTERN AVENUE

Charles D. Sadowski

CERTIFICATE OF DEATH

Attest: _____
Notary Public for the State of _____

6000 Madison Ave.
New York 22, N.Y.

June 14, 1964

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2520
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna Metzger

2. DATE
OF
DEATH

3/7/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2413 Arunah Ave.

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

2413 Arunah Ave.

C. Length of stay in Baltimore

65 years

5. SEX

female

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

May 25, 1874

9. AGE (in years
last birthday)

78

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Hungary

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

not known

14. MOTHER'S MAIDEN NAME

not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mattie Stratmann 2700 E. Chase St.

18. 241X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary thrombosis

several

ANTECEDENT CAUSES

DUE TO

(B)

Arteriosclerosis

years

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

Status asthmaticus

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1/53, 1953, 3/7/53, 1953, that I last saw the
deceased alive on 3/7/53, 1953, and that death occurred at 12:10 a. m., from the causes and on the date stated above.

23A. SIGNATURE

R. W. Metzger

M. D.

23B. ADDRESS

912 Brooks Lane 3/9/53

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/9/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

C. F. Hoffman

ADDRESS

1639 Broadway/

Attention-Medical Examiner

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2521
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN W. LEEF Jr.

2. DATE
OF
DEATH

March 8, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1231 Darley Avenue 13

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1231 Darley Avenue - 13

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug. 20, 1936

9. AGE (In years
last birthday)

16

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Student

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John William Leef, Sr.

14. MOTHER'S MAIDEN NAME

Florence V. Coogan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. John W. Leef, Sr. 1231 Darley

18. 550.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Generalized Peritonitis

DUE TO Perforated Gangrenous Appendix

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C) CERTIFICATION APPROVED BY

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.William V. Leef, Jr.
CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 8, 1953 to March 8, 1953 that I last saw the
deceased alive on March 8, 1953, and that death occurred at 10:00 pm., from the causes and on the date stated above.

23A. SIGNATURE

W. Leef

M. D.

23B. ADDRESS

1400 N. Caroline Street - 13

23C. DATE SIGNED

March 8, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/12/53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. GENERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.

UNITED STATES DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of medical examiner		11. Signature of coroner		12. Signature of jury	
13. Signature of witness		14. Signature of witness		15. Signature of witness		16. Signature of witness	
17. Signature of witness		18. Signature of witness		19. Signature of witness		20. Signature of witness	
21. Signature of witness		22. Signature of witness		23. Signature of witness		24. Signature of witness	
25. Signature of witness		26. Signature of witness		27. Signature of witness		28. Signature of witness	
29. Signature of witness		30. Signature of witness		31. Signature of witness		32. Signature of witness	
33. Signature of witness		34. Signature of witness		35. Signature of witness		36. Signature of witness	
37. Signature of witness		38. Signature of witness		39. Signature of witness		40. Signature of witness	
41. Signature of witness		42. Signature of witness		43. Signature of witness		44. Signature of witness	
45. Signature of witness		46. Signature of witness		47. Signature of witness		48. Signature of witness	
49. Signature of witness		50. Signature of witness		51. Signature of witness		52. Signature of witness	
53. Signature of witness		54. Signature of witness		55. Signature of witness		56. Signature of witness	
57. Signature of witness		58. Signature of witness		59. Signature of witness		60. Signature of witness	
61. Signature of witness		62. Signature of witness		63. Signature of witness		64. Signature of witness	
65. Signature of witness		66. Signature of witness		67. Signature of witness		68. Signature of witness	
69. Signature of witness		70. Signature of witness		71. Signature of witness		72. Signature of witness	
73. Signature of witness		74. Signature of witness		75. Signature of witness		76. Signature of witness	
77. Signature of witness		78. Signature of witness		79. Signature of witness		80. Signature of witness	
81. Signature of witness		82. Signature of witness		83. Signature of witness		84. Signature of witness	
85. Signature of witness		86. Signature of witness		87. Signature of witness		88. Signature of witness	
89. Signature of witness		90. Signature of witness		91. Signature of witness		92. Signature of witness	
93. Signature of witness		94. Signature of witness		95. Signature of witness		96. Signature of witness	
97. Signature of witness		98. Signature of witness		99. Signature of witness		100. Signature of witness	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2522**

BIRTH NO. **53 2522**

1. NAME OF DECEASED (Type or Print) Rose Marie Martin			2. DATE OF DEATH March 8, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Md. B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Lutheran Hospital			C. CITY OR TOWN (If outside corporate limits, write FULL name and give township) Baltimore		
c. Length of stay in Baltimore 74 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2111 Garrison Boulevard		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-24-1878		9. AGE (In years last birthday) 74
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife			10B. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) Md.
13. FATHER'S NAME Edward I. Hand			14. MOTHER'S MAIDEN NAME Katherine B. Lennon		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Wm. H. Martin 2111 Garrison Blvd.		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary occlusion DUE TO			CAUSE OF DEATH Coronary occlusion			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Atherosclerosis DUE TO			Atherosclerosis			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Feb 17, 1953 to March 8, 1953 , that I last saw the deceased alive on March 8, 1953 and that death occurred at 6:15 A.M. , from the causes and on the date stated above.						
23A. SIGNATURE Burj. Kader		23B. ADDRESS 2306 Eutaw Pl		23C. DATE SIGNED 3-9-53		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-11-1953		24C. NAME OF CEMETERY OR CREMATORY New Cathedral		
24D. LOCATION (City, town, or county) Baltimore, Md.		25. FUNERAL DIRECTOR ADDRESS Howard Strong 3207 W. North Ave.,				

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr Benjamin Haden

236 E. 1st St. La 0950.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2523

MAF 163975
53 2523

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Felix Sigai

2. DATE
OF
DEATH

Mar. 6, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Baltimore City Hospitals

4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1226 S. Clinton St.

c. Length of stay in Baltimore

48 yrs.

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

Wh

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

7-21-1904

9. AGE (In years
last birthday)

48

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

STEVEDORE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Sigai

14. MOTHER'S MAIDEN NAME

Lena Szfranski

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

NO

(If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

Records: Balto. City Hospitals
4940 Eastern Ave.

ADDRESS

18.

145X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma Of Tonsil

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Aspiration Pneumonia

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

12-3-1952

19B. MAJOR FINDINGS OF OPERATION

Tracheotomy

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-11 1952, to 3-6 1953, that I last saw the
deceased alive on 3-6 1953, and that death occurred at 5 P.M., from the causes and on the date stated above.

23A. SIGNATURE

H. John Doe

M. D.

23B. ADDRESS

4940 Eastern Ave. Balto, Md.

23C. DATE SIGNED

3-6-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

3-10-53

24C. NAME OF CEMETERY OR CREMATORY

SACRED HEART CEM, 7401 GERMAN HILL RD. MD.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston, M.D.

25. FUNERAL DIRECTOR

Lahant, S. Feiler 901 S. CONKLINGS
BALTO. MD.

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STATE OF NEW YORK

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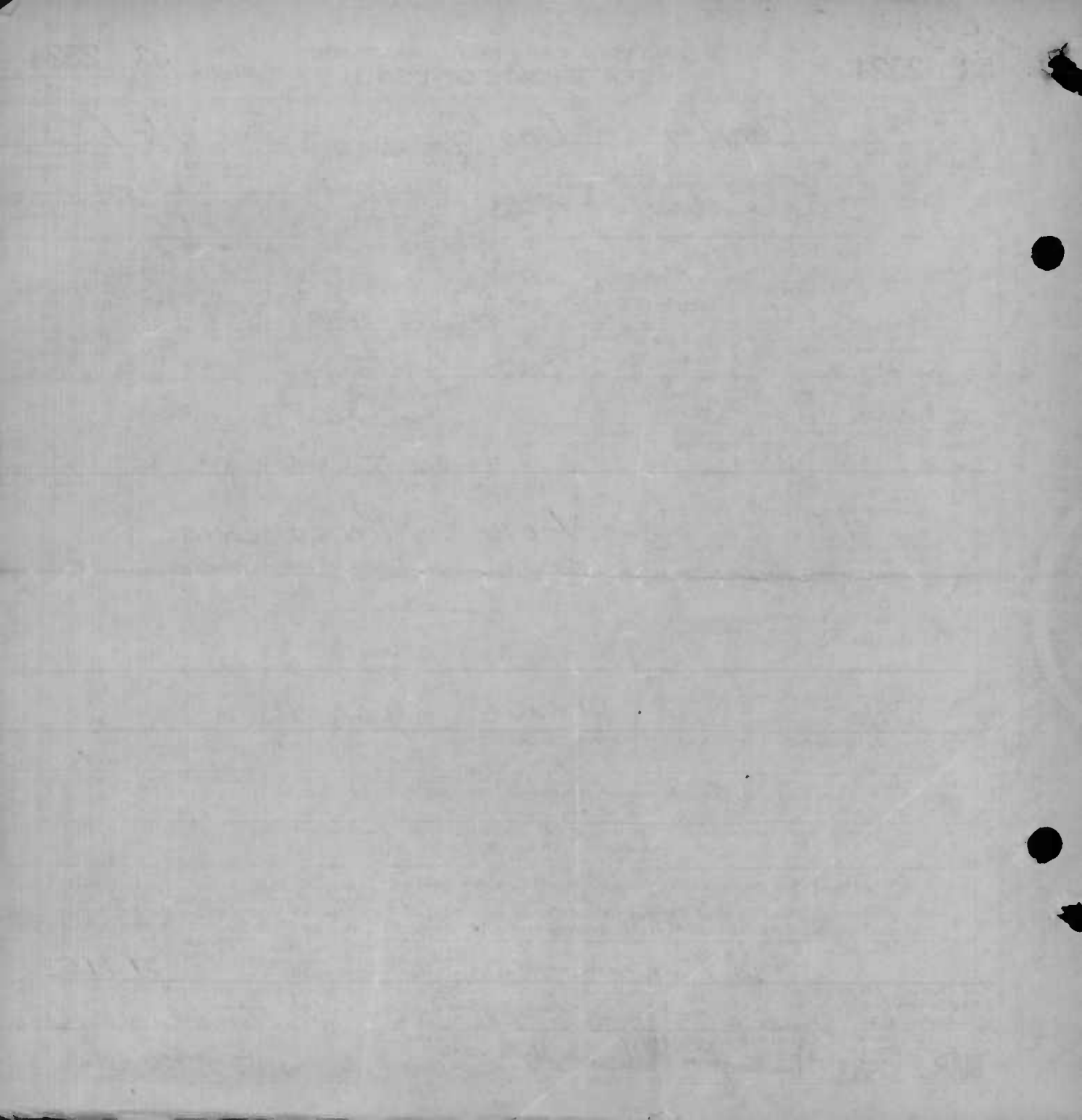
100-2222

100-2222

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2524

1. NAME OF DECEASED (Type or Print) <i>Charles Tinsley</i>			2. DATE OF DEATH <i>3/5/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>D.O.A. Lutheran Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>Life</i> Yrs. <i>-</i> Mos. <i>-</i> Days <i>-</i>			D. STREET ADDRESS (If rural, give location) <i>1711 Rosedale Street</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>July 15, 1899</i>	9. AGE (in years last birthday) <i>53</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Fireman</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>City Fire Dept</i>	11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Frank Tinsley</i>			14. MOTHER'S MAIDEN NAME <i>Eugenia Hennick</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) <i>yes.</i> (If yes, give war or dates of service) <i>W.W. I</i>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Chas. H. Tinsley Jr. 3922 W. ...</i>		
18. <i>490x and 222.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>LOBAR PNEUMONIA</i>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Chronic alcoholism</i>					
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an _____ thereon and from _____ the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>R. Fisher</i>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <i>3/7/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>March 10/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Balti Nat. Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>		25. FUNERAL DIRECTOR ADDRESS <i>Loring Byers 5005 Park Heights Ave</i>			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2525

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WALTER SHELTON

2. DATE OF DEATH Mar. 7, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

6605 Sefton Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

6605 Sefton Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

June 21, 1865

9. AGE (In years last birthday)

87

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bottler

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Smyrna Delaware

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Wm. M. Daniels, 6605 Sefton

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Artery Thrombosis

DUE TO

minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary Artery Sclerosis

DUE TO

Years

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Congestive Heart Failure

2 Months

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2/14, 1953, to 3/7, 1953, that I last saw the deceased alive on 3/3, 1953, and that death occurred at 2:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/10/53

Meadowridge Cemetery

Elkridge, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

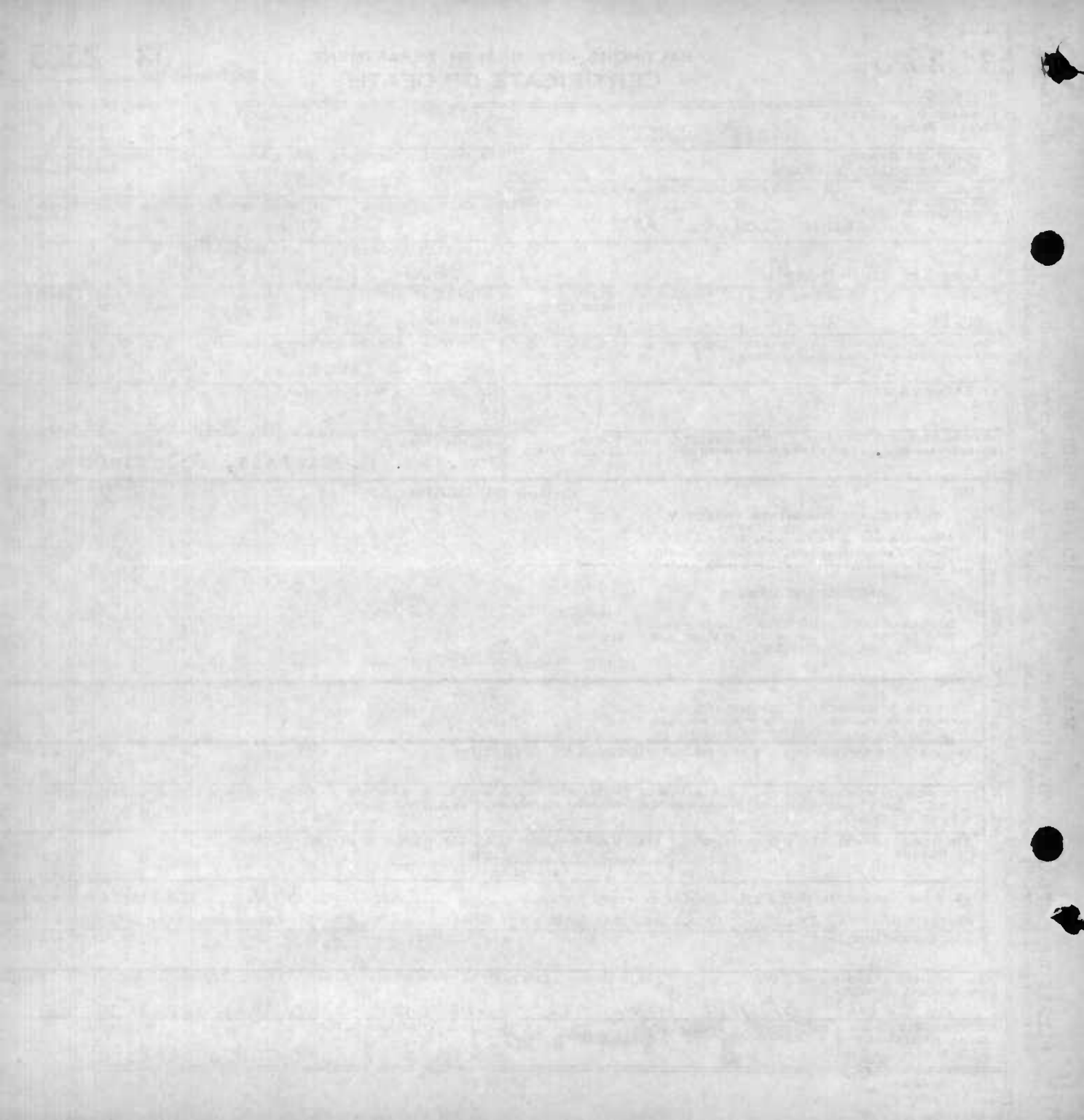
REGISTRAR'S SIGNATURE

FEDERAL DIRECTOR

ADDRESS

MAR 9 1953

Leonard J. Ruck, 5305 Harford Road.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2526

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Clyde L. Arnold

2. DATE
OF
DEATH

MAR 8 - 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

33 JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

19-05

D. STREET ADDRESS (If rural, give location)

1505 McHENRY ST.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

7-7-91

9. AGE (In years last birthday)

61

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SALESMAN

10B. KIND OF BUSINESS OR INDUSTRY

MILK DAIRY

11. BIRTHPLACE (State or foreign country)

BALTO Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John ARNOLD

14. MOTHER'S MAIDEN NAME

ALICE METZ

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

yes

W.W. 1

16. SOCIAL SECURITY NO.

vis. 10. 2580

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

420.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Rupture of left ventricle

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

20 mi

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

myocardial infarction

DUE TO

2 da.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3-5-1953 to 3-8-1953 that I last saw the deceased alive on 3-5-1953 and that death occurred at 4:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Richard W. Green

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3/8/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

4906B PRATT & STRICKER STS

VS 150

MAR 9 1953

STATE OF NEW YORK
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of medical examiner		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of hospital		17. Signature of nursing home		18. Signature of other institution	
19. Signature of other institution		20. Signature of other institution		21. Signature of other institution	
22. Signature of other institution		23. Signature of other institution		24. Signature of other institution	
25. Signature of other institution		26. Signature of other institution		27. Signature of other institution	
28. Signature of other institution		29. Signature of other institution		30. Signature of other institution	
31. Signature of other institution		32. Signature of other institution		33. Signature of other institution	
34. Signature of other institution		35. Signature of other institution		36. Signature of other institution	
37. Signature of other institution		38. Signature of other institution		39. Signature of other institution	
40. Signature of other institution		41. Signature of other institution		42. Signature of other institution	
43. Signature of other institution		44. Signature of other institution		45. Signature of other institution	
46. Signature of other institution		47. Signature of other institution		48. Signature of other institution	
49. Signature of other institution		50. Signature of other institution		51. Signature of other institution	
52. Signature of other institution		53. Signature of other institution		54. Signature of other institution	
55. Signature of other institution		56. Signature of other institution		57. Signature of other institution	
58. Signature of other institution		59. Signature of other institution		60. Signature of other institution	
61. Signature of other institution		62. Signature of other institution		63. Signature of other institution	
64. Signature of other institution		65. Signature of other institution		66. Signature of other institution	
67. Signature of other institution		68. Signature of other institution		69. Signature of other institution	
70. Signature of other institution		71. Signature of other institution		72. Signature of other institution	
73. Signature of other institution		74. Signature of other institution		75. Signature of other institution	
76. Signature of other institution		77. Signature of other institution		78. Signature of other institution	
79. Signature of other institution		80. Signature of other institution		81. Signature of other institution	
82. Signature of other institution		83. Signature of other institution		84. Signature of other institution	
85. Signature of other institution		86. Signature of other institution		87. Signature of other institution	
88. Signature of other institution		89. Signature of other institution		90. Signature of other institution	
91. Signature of other institution		92. Signature of other institution		93. Signature of other institution	
94. Signature of other institution		95. Signature of other institution		96. Signature of other institution	
97. Signature of other institution		98. Signature of other institution		99. Signature of other institution	
100. Signature of other institution		101. Signature of other institution		102. Signature of other institution	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 2527**MAT/168335
53 2527

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**George Salajezyk**2. DATE
OF
DEATH**Mar. 9, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE **Maryland**

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION**Baltimore City Hospitals
4940 Eastern Avenue**C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)**Baltimore**

C. Length of stay in Baltimore

35 yrs.Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1629 Gough St.

5. SEX

M

6. COLOR OR RACE

Wh7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Wid.**

8. DATE OF BIRTH

Apr. 17, 18809. AGE (In years
last birthday)**72**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Carpenter**10B. KIND OF BUSINESS OR
INDUSTRY**Crust.**

11. BIRTHPLACE (State or foreign country)

Poland12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unk

14. MOTHER'S MAIDEN NAME

Unk15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

Recorded

**Balto. City Hospitals
4940 Eastern Ave.**

ADDRESS

18. **570.5**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Aortic Aneurysm

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Intestinal Obstruction

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3-3** 19**53**, to **3-9** 19**53**, that I last saw the
deceased alive on **3-9** 19**53**, and that death occurred at **7:50a** m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Williams

23B. ADDRESS

M. D.

4940 Eastern Ave., Balto. Md.

23C. DATE SIGNED

3-9-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial**March 4/53****Holy Rosary****Baltimore****Huntington Williams, M.D.****Fred V. Ozaszowski****51024 1930 Eastern Ave**

U.S. DEPARTMENT OF HEALTH
CENTRE FOR DISEASE CONTROL

1977

1977

1977

1977

1977

1977

1977

1977

1977

1977

1977

1977

1977

1977

1977

1977

1977

1977

1977

1977

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2528
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLOTTE L. BOYD

2. DATE
OF
DEATH

3-8-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

MERCY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

516 EDMONDSON AVE.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

May 2, 1870

9. AGE (in years
last birthday)

82

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Wm. Bissett

14. MOTHER'S MAIDEN NAME

—

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

WM A. BARNES- 411 CALVIN AVE.

18. 442X

CAUSE OF DEATH

Renal

INTERVAL BETWEEN
ONSET AND DEATH

?

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive Cardiovascular Disease
Complicated by bilateral pneumonitis &
gangrene of left foot.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

—

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., In or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-2, 1953 to 3-8, 1953, that I last saw the deceased alive on 3-7, 1953, and that death occurred at 4:05 AM., from the causes and on the date stated above.

23A. SIGNATURE

W. B. Rev...

M. D.

23B. ADDRESS

MERCY HOSPITAL

23C. DATE SIGNED

3-8-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar 11/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Fredrick Rd, Md

(State)

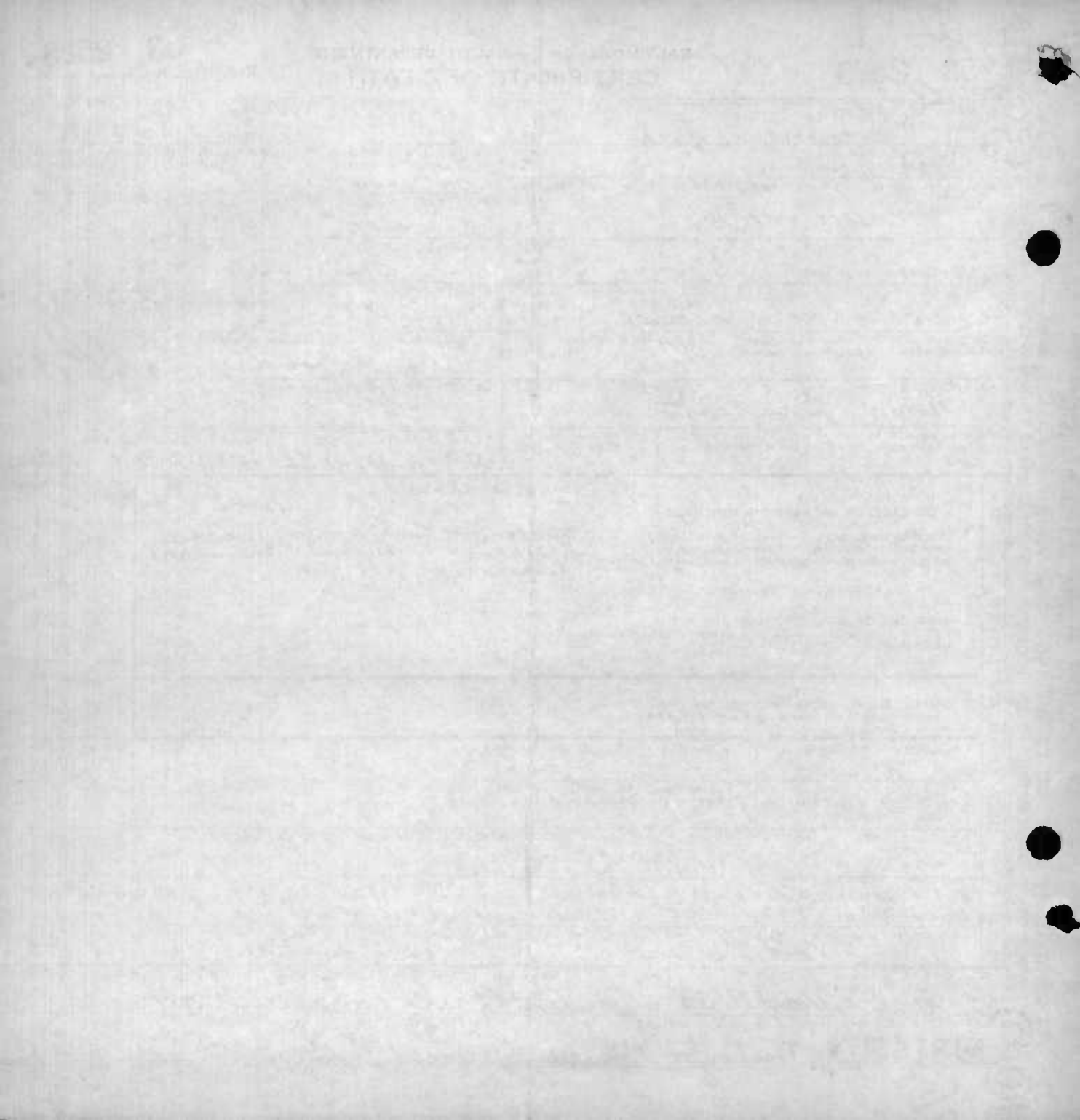
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. E. Donovan - 3818 Roland Ave

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2529

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Nelson Crump*2. DATE
OF
DEATH*Mar. 5, 1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)*JOHNS HOPKINS HOSPITAL*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 6-8

D. STREET ADDRESS (If rural, give location)

1513 E. Fayette St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

*Colored*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

*Nov. 10, 1904*9. AGE (in years,
last birthday)*48*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Mill Wright*10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Virginia*12. CITIZEN OF
WHAT COUNTRY?*U. S. A.*

13. FATHER'S NAME

*Henry Crump**Mill (Crump)*

14. MOTHER'S MAIDEN NAME

*Martha Porter*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*JOHNS HOPKINS HOSPITAL*18. *420.0*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

*Acute coronary thrombosis**40 min*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

Atherosclerotic heart disease
Previous coronary thrombosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.*None*

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3-5*, 19*53* to *3-5*, 19*53*, that I last saw the
deceased alive on *3-5*, 19*53*, and that death occurred at *3:45 P.* m., from the causes and on the date stated above.

23A. SIGNATURE

Ellison L. Lohel

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

*3/6/53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

3-10-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS *578*

NOT A MEDICAL EXAMINER'S CASE
R. F. Fisher
CHIEF OF POLICE MEDICAL EXAMINER M.D.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Flora Wilhelmina Roberson

2. DATE
OF
DEATH

March 7, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

5634 Govane Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5634 Govane Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Feb. 28, 1879

9. AGE (In years last birthday)

74

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Gustav Strecker

14. MOTHER'S MAIDEN NAME

Bertha Sachlaban

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT 5634 Govane Ave ADDRESS

Mr. William T. Roberson

18. 420.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Acute Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

30 minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerotic gradually

(C)

unknown

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 7 March, 1953, to 7 March, 1953, that I last saw the deceased alive on 7 March, 1953, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Howard W. Mann

M. D.

23B. ADDRESS

1813 N. Milken Ave

23C. DATE SIGNED

7 March 53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 10, 1953

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Halliwell, Jr.

25. FUNERAL DIRECTOR

Henry Sander & Sons, Inc.

ADDRESS

Baltimore Md.

Bey H. Sander

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Race		4. Date of Birth		5. Date of Death	
6. Usual Residence		7. Cause of Death		8. Place of Death		9. Signature of Physician		10. Signature of Registrar	
11. Medical History		12. Post-mortem Examination		13. Burial or Disposition		14. Signature of Burial Officer		15. Signature of Registrar	
16. Signature of Physician		17. Signature of Registrar		18. Signature of Burial Officer		19. Signature of Registrar		20. Signature of Registrar	
21. Signature of Registrar		22. Signature of Registrar		23. Signature of Registrar		24. Signature of Registrar		25. Signature of Registrar	
26. Signature of Registrar		27. Signature of Registrar		28. Signature of Registrar		29. Signature of Registrar		30. Signature of Registrar	
31. Signature of Registrar		32. Signature of Registrar		33. Signature of Registrar		34. Signature of Registrar		35. Signature of Registrar	
36. Signature of Registrar		37. Signature of Registrar		38. Signature of Registrar		39. Signature of Registrar		40. Signature of Registrar	
41. Signature of Registrar		42. Signature of Registrar		43. Signature of Registrar		44. Signature of Registrar		45. Signature of Registrar	
46. Signature of Registrar		47. Signature of Registrar		48. Signature of Registrar		49. Signature of Registrar		50. Signature of Registrar	
51. Signature of Registrar		52. Signature of Registrar		53. Signature of Registrar		54. Signature of Registrar		55. Signature of Registrar	
56. Signature of Registrar		57. Signature of Registrar		58. Signature of Registrar		59. Signature of Registrar		60. Signature of Registrar	
61. Signature of Registrar		62. Signature of Registrar		63. Signature of Registrar		64. Signature of Registrar		65. Signature of Registrar	
66. Signature of Registrar		67. Signature of Registrar		68. Signature of Registrar		69. Signature of Registrar		70. Signature of Registrar	
71. Signature of Registrar		72. Signature of Registrar		73. Signature of Registrar		74. Signature of Registrar		75. Signature of Registrar	
76. Signature of Registrar		77. Signature of Registrar		78. Signature of Registrar		79. Signature of Registrar		80. Signature of Registrar	
81. Signature of Registrar		82. Signature of Registrar		83. Signature of Registrar		84. Signature of Registrar		85. Signature of Registrar	
86. Signature of Registrar		87. Signature of Registrar		88. Signature of Registrar		89. Signature of Registrar		90. Signature of Registrar	
91. Signature of Registrar		92. Signature of Registrar		93. Signature of Registrar		94. Signature of Registrar		95. Signature of Registrar	
96. Signature of Registrar		97. Signature of Registrar		98. Signature of Registrar		99. Signature of Registrar		100. Signature of Registrar	

630
53 2531BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

53 2531

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Margaret Virginia Ford

Margareth Virginia Ford

2. DATE
OF
DEATH

3-7-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

8. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1602 Calworth Road.

c. Length of stay in Baltimore

50 Years

5. SEX

F

6. COLOR OR RACE

Wh

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

11-30-1873

9. AGE (In years last birthday)

79

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James E Holland

14. MOTHER'S MAIDEN NAME

Mary Margaret Ford.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT 1602 Calworth Road
Mr Carlton M. Ford Jr. same

18.

194X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) TERMINAL Ca of Thyroid

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-7-1953, to 3-7-1953, that I last saw the deceased alive on 3-7-1953, and that death occurred at 11⁵⁵ p. m., from the causes and on the date stated above.

23A. SIGNATURE

Harvey S. Green, Jr.

M. D.

23B. ADDRESS

Union Memorial Hosp

23C. DATE SIGNED

3-7-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 11, 1953 Loudon Park

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

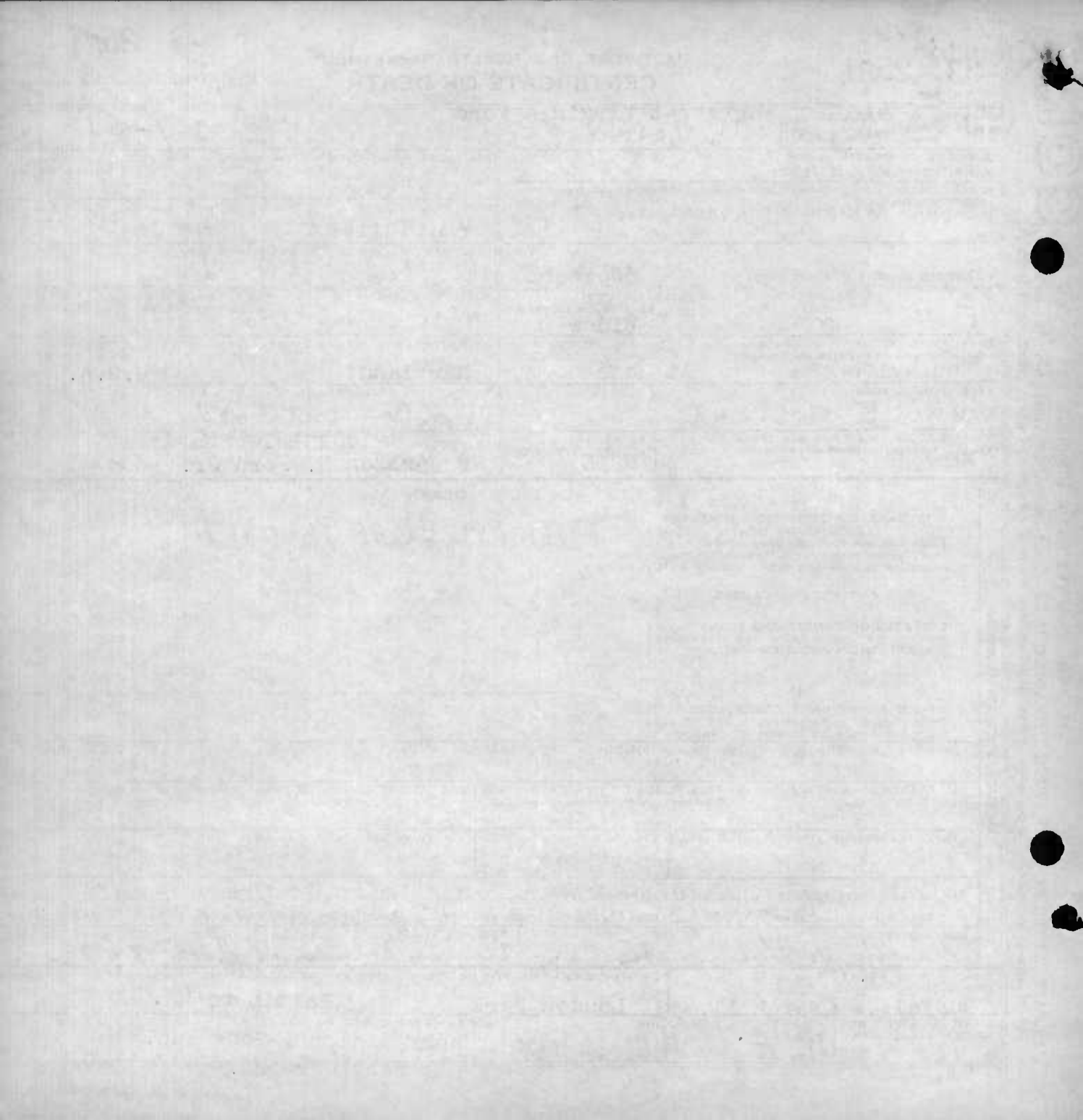
25. FUNERAL DIRECTOR

Henry Sander & Sons Inc.

ADDRESS

Baltimore Md.

Seay K. Sander



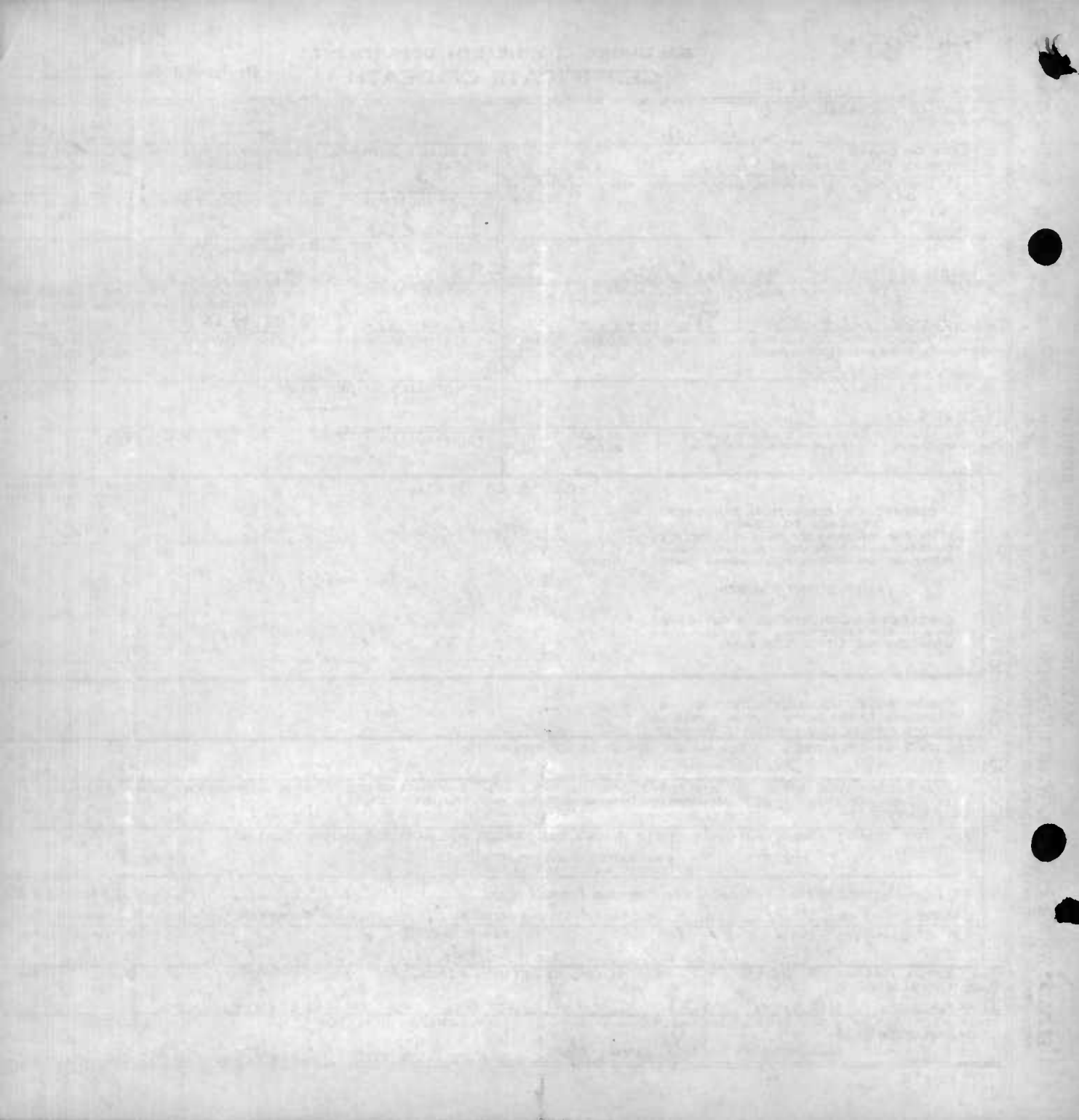
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Augusta D. Kreiss</u>		2. DATE OF DEATH <u>Mar 8th 1953</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>2204 E. Lanvale St</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD</u> B. COUNTY <u>8-02</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>—</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto</u>	
c. Length of stay in Baltimore <u>65 Yr</u>		D. STREET ADDRESS (If rural, give location) <u>2204 E. Lanvale St</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 30th 1868</u>
9. AGE (In years last birthday) <u>84</u>		10. UNDER 1 Year Months: Days	11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>August Kasse</u>		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <u>Hypertension, Cardiac</u> DUE TO <u>Vascular Disease</u> (B) <u>Coronary occlusion</u> DUE TO <u>—</u> (C) <u>—</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>
18. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <u>—</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>3-1-53</u> to <u>3-8-53</u> , that I last saw the deceased alive on <u>3-7-53</u> , and that death occurred at <u>11:00</u> m., from the causes and on the date stated above.				
23A. SIGNATURE <u>Frederick Ruzicki</u>		23B. ADDRESS <u>5004 W. Morris St</u>		23C. DATE SIGNED <u>3-9-53</u>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)	
<u>Burial</u>	<u>Mar 11 1953</u>	<u>Parishwood</u>	<u>Taylor Ave</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>Huntington Williams, Md</u>		25. FUNERAL DIRECTOR ADDRESS <u>Leo S. Kibicki 1703 N. Patterson Park Ave</u>		



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 2533**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Knauff, Ruth Elizabeth

2. DATE
OF
DEATH

March 9, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY **Baltimore**

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

8117 Pulaski Highway #6

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 5th 1900

9. AGE (In years last birthday)

52

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own home

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Wm. Johnson

14. MOTHER'S MAIDEN NAME

Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Bruce Knauff

ADDRESS

8117 Pulaski Highway

18. **053.4**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Septicemia, undetermined germ**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **March 7**, 19**53**, to **March 9**, 19**53** that I last saw the deceased alive on **March 9**, 19**53**, and that death occurred at **9:00 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Charles F. Fono

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

March 9, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/12/53

24C. NAME OF CEMETERY OR CREMATORY

Zion Lutheran

24D. LOCATION (City, town, or county)

Balto. Co.

(State)

MD.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 10 1953

REGISTRAR'S SIGNATURE

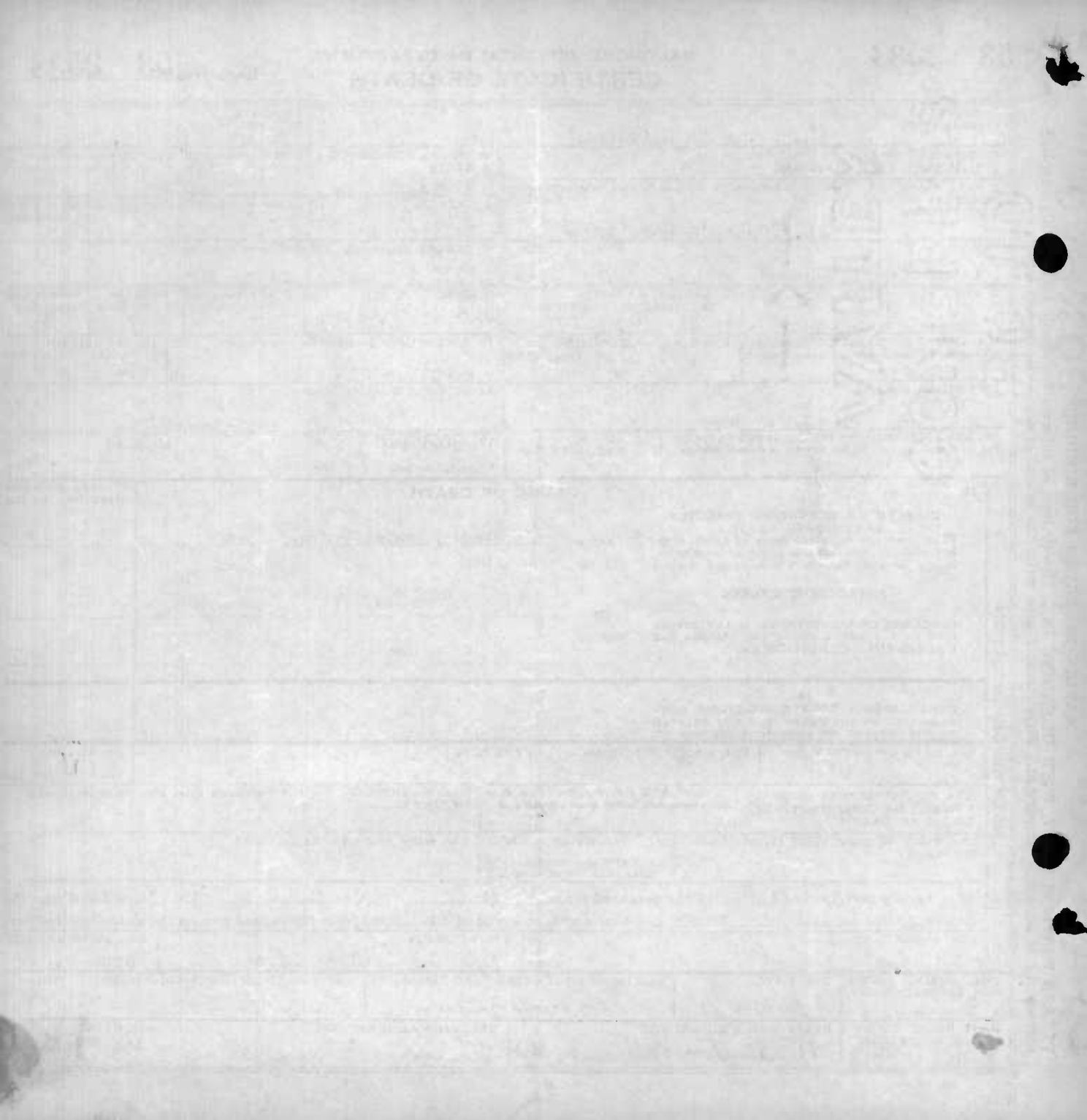
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Caroline Funeral Home

ADDRESS

749 Pulaski



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2534

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MATILDA PEASE			2. DATE OF DEATH 3-8-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY Balt.		
5. FULL NAME OF HOSPITAL OR INSTITUTION 38 University Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-18		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 5213 Beaumont Balt 15		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/4/1889	9. AGE (in years, last birthday) 63	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10B. KIND OF BUSINESS OR INDUSTRY at Home	11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Henry L. Warfield			14. MOTHER'S MAIDEN NAME Josephine Poole		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. -	17. INFORMANT ADDRESS Mr. Clarence A. Pease Beaumont 213 Ave		
18. 193X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Gloma (Left fronto-temporo-parietal) ? OUE TO of trauma			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) OUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 3-2-53		19B. MAJOR FINDINGS OF OPERATION Gloma & Left frontal-temporo-parietal lobes & brain			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-1-53 , 19 53 , to 3-8 , 19 53 , that I last saw the deceased alive on 3-8 , 19 53 , and that death occurred at 7:45 p.m., from the causes and on the date stated above.					
23A. SIGNATURE John L. Cooper			23B. ADDRESS Univ. Hosp.		23C. DATE SIGNED 3-8-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/12/53	24C. NAME OF CEMETERY OR CREMATORY Meadowridge Mount Washington Rd Dorsey Md.		24D. LOCATION (City, town, or county) (State) Dorsey Md.	
DATE RECEIVED BY LOCAL REGISTRAR 10/10/53		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS John J. Cowan & Son, Hollins	

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1901

1. Name of deceased
2. Sex
3. Age
4. Date of death
5. Place of death
6. Cause of death
7. Signature of physician
8. Signature of registrar

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2535
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Linda Worley

2. DATE
OF
DEATH

3-6-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Citon Ave

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

10 St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

BALTO

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Halethorpe

D. STREET ADDRESS (If rural, give location)

1303. Lindbergh Ave - 275

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

9-15-51

9. AGE (In years
last birthday)If Under 1 Year
Months: Days

17

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Richard C. Worley

14. MOTHER'S MAIDEN NAME

Helen L. Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Father Richard Worley 1303 Lindbergh Ave

18. 491x

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

DUE TO

Acute Bronchopneumonia 98hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3-6 1953, to 3-6 1953, that I last saw the deceased alive on 3-6 1953, and that death occurred at 1055 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J. M. D. St Agnes Hosp

23B. ADDRESS

23C. DATE SIGNED

3-6-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 10 1953

Huntington Williams, M.D. St Agnes Hosp 36 H Carroll Ave

CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE		4. DATE OF BIRTH		5. PLACE OF BIRTH	
6. OCCUPATION		7. MARITAL STATUS		8. CAUSE OF DEATH		9. PLACE OF DEATH		10. DATE OF DEATH	
11. SIGNATURE OF DECEASED		12. SIGNATURE OF WITNESSES		13. SIGNATURE OF DEATH CERTIFICATE OFFICER		14. SIGNATURE OF REGISTRAR		15. SIGNATURE OF MEDICAL OFFICER	
16. SIGNATURE OF CHURCH OFFICER		17. SIGNATURE OF BURIAL OFFICER		18. SIGNATURE OF FUNERAL HOME		19. SIGNATURE OF CEMETERY		20. SIGNATURE OF OTHER OFFICIALS	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2536

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Foros, Jerry (Gerasimos Foros.)

2. DATE
OF
DEATH March 8, 19533. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY before admission)B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)C. CITY OR TOWN (If outside corporate limits, write U.S. and give
township)

St. Joseph's

Baltimore

c. Length of stay in Baltimore
Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)

727 S. Broadway

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

1893

9. AGE (In years/
last birthday) Months: Days Hours: Min.

60

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR
INDUSTRY

Restaurant

11. BIRTHPLACE (State or foreign country)

Greece

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or unknown) (If yes, give war and dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Hospital

ADDRESS

18. 162X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bronchogenic carcinoma, left lung

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 27, 1953, to March 8, 1953 that I last saw the
deceased alive on March 8, 1953, and that death occurred at 4:03pm., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Velez

23B. ADDRESS

1100 N. Caroline St.

23C. DATE SIGNED

March 8, '53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3-10-53

24C. NAME OF CEMETERY OR CREMATORY

Green Cemetery

24D. LOCATION (City, town, or county)

Windsor Mill Rd.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Lambros Inc. 440 E. North Ave

ADDRESS

STATE OF NEW YORK
DEPARTMENT OF HEALTH



STATE OF NEW YORK

IN SENATE,
January 1, 1914.

REPORT OF THE
COMMISSIONER OF HEALTH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2537BIRTH NO. 53 25371. NAME OF DECEASED
(Type or Print) Virian Hess2. DATE
OF
DEATH 3/8/533. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)
A. STATE MD
B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION University Hosp.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)
BALTIMORE 23-02c. Length of stay in Baltimore
Yrs. —
Mos. —
Days —D. STREET ADDRESS (If rural, give location)
1606 S. CHARLES ST5. SEX F6. COLOR OR RACE W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married8. DATE OF BIRTH 8/23/19129. AGE (in years
last birthday) 40If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
HOUSEWIFE10B. KIND OF BUSINESS OR
INDUSTRY
HOME11. BIRTHPLACE (State or foreign country)
BALTIMORE, MD12. CITIZEN OF
WHAT COUNTRY?13. FATHER'S NAME
HARRY A. HART14. MOTHER'S MAIDEN NAME
CARRIE HAYNIE15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
—16. SOCIAL
SECURITY NO.
215-05-605517. INFORMANT ADDRESS
MR. JAMES HESS 1606 S. CHARLES ST.18. 416x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)
Rheumatic Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION ✓

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/2, 1953 to 3/8, 1953, that I last saw the
deceased alive on 3/8, 1953, and that death occurred at 10:45 A. M., from the causes and on the date stated above.23A. SIGNATURE Lowell J. Jr.

M. D.

23B. ADDRESS University Hosp.23C. DATE SIGNED 3/8/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)
BURIAL24B. DATE 3/12/5324C. NAME OF CEMETERY OR CREMATORY HOLY CROSS24D. LOCATION (City, town, or county) (State)
RITCHIE HWYDATE RECEIVED BY
LOCAL REGISTRARREGISTRAR'S SIGNATURE Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

JOHN F. DENNY, Inc. 715 LIGHT ST

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2538500
53 2538
BIRTH NO.

1. NAME OF DECEASED (Type or Print) CLYDE DEAN			2. DATE OF DEATH March 9, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) South Baltimore General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) BALTIMORE		
C. Length of stay in Baltimore 43 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 137 W. BARRE ST		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED (SEPARATED)	8. DATE OF BIRTH 11/2/04		9. AGE (in years last birthday) 48
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DRIVER		10B. KIND OF BUSINESS OR INDUSTRY TRUCK	11. BIRTHPLACE (State or foreign country) RALEIGH, N. C.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME GEORGE DEAN			14. MOTHER'S MAIDEN NAME ANNIE MARSHBURN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES WW II		16. SOCIAL SECURITY NO. 218-07-8270	17. INFORMANT ADDRESS MRS ANNIE DEAN 513 SHARPE ST.		

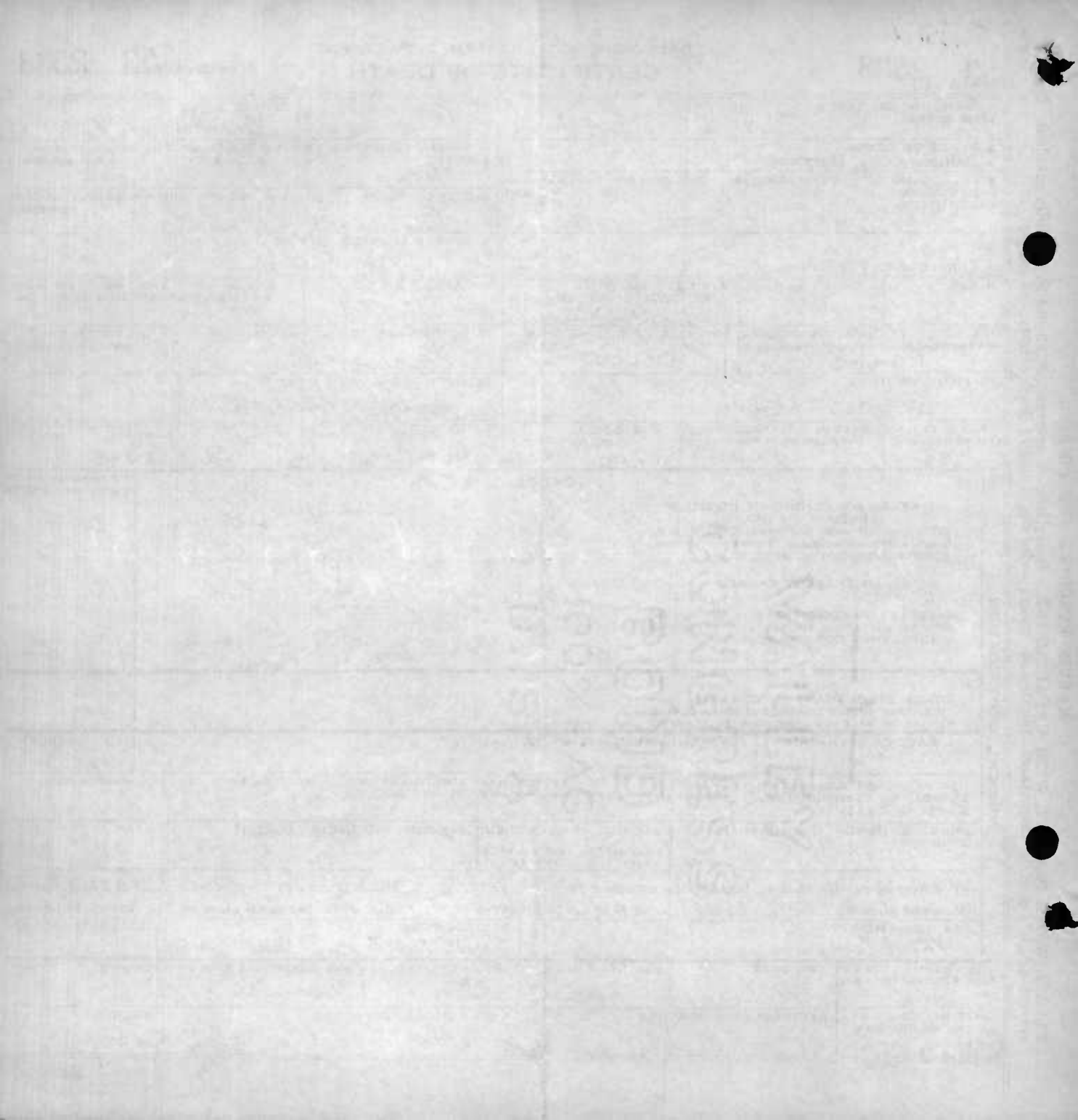
18. 525X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Pulmonary edema DUE TO (A)		INTERVAL BETWEEN ONSET AND DEATH 3 Hrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Congestive Heart Failure DUE TO (C) Pulmonary Fibrosis and Emphysema		8 YRS. 10 YRS.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9:30 am 3-8-1953 , to 5:25 am 3-9-1953 , that I last saw the deceased alive on 5:25 am 3-9-1953 , and that death occurred at 5:25 am , from the causes and on the date stated above.					
23A. SIGNATURE Wm Conway		23B. ADDRESS South Baltimore Genl 1633		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 3/12/53		24C. NAME OF CEMETERY OR CREMATORY WENDELL CEM.	
24D. LOCATION (City, town, or county) (State) WENDELL, N. C.		25. FUNERAL DIRECTOR JOHN F. DENNY, INC		ADDRESS 715 LIGHT ST	

MAR 10 1953
VS 150

683 52

-30



CERTIFICATE OF DEATH

St. Francis Gluck
Annie Apt. St Paul St

CERTIFICATE CORRECTED 3-17-53

53 2540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWIN H. SHAW

2. DATE
OF
DEATH

Mar. 7, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE 2200 Poplar Grove St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2200 Poplar Grove St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Mar. 19, 1870

9. AGE (in years; last birthday)

82

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Salesman

10B. KIND OF BUSINESS OR INDUSTRY
American Steel Wool

11. BIRTHPLACE (State or foreign country)

Co. Balto. Md.

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME

George Shaw

14. MOTHER'S MAIDEN NAME

Amelia Weidner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
?

17. INFORMANT

Mrs. Blanche B. Shaw

ADDRESS

Above

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertension Arteriosclerosis

1 yr

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 27, 1953, to March 7, 1953, that I last saw the deceased alive on 3/7, 1953, and that death occurred at 7:20pm., from the causes and on the date stated above.

23A. SIGNATURE

D. E. Brown

23B. ADDRESS

1202 St Paul

23C. DATE SIGNED

3/9/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/10/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Thos. J. Tschoner & Sons, Inc. Balto Md

MAR 10 1953

VS 150-13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

<p>1. NAME OF DECEASED</p>		<p>2. SEX</p>	
<p>3. AGE</p>		<p>4. DATE OF BIRTH</p>	
<p>5. PLACE OF BIRTH</p>		<p>6. OCCUPATION</p>	
<p>7. CAUSE OF DEATH</p>		<p>8. PLACE OF DEATH</p>	
<p>9. DATE OF DEATH</p>		<p>10. TIME OF DEATH</p>	
<p>11. SIGNATURE OF PHYSICIAN</p>		<p>12. SIGNATURE OF REGISTRAR</p>	
<p>13. SIGNATURE OF WITNESS</p>		<p>14. SIGNATURE OF WITNESS</p>	
<p>15. SIGNATURE OF WITNESS</p>		<p>16. SIGNATURE OF WITNESS</p>	
<p>17. SIGNATURE OF WITNESS</p>		<p>18. SIGNATURE OF WITNESS</p>	
<p>19. SIGNATURE OF WITNESS</p>		<p>20. SIGNATURE OF WITNESS</p>	
<p>21. SIGNATURE OF WITNESS</p>		<p>22. SIGNATURE OF WITNESS</p>	
<p>23. SIGNATURE OF WITNESS</p>		<p>24. SIGNATURE OF WITNESS</p>	
<p>25. SIGNATURE OF WITNESS</p>		<p>26. SIGNATURE OF WITNESS</p>	
<p>27. SIGNATURE OF WITNESS</p>		<p>28. SIGNATURE OF WITNESS</p>	
<p>29. SIGNATURE OF WITNESS</p>		<p>30. SIGNATURE OF WITNESS</p>	
<p>31. SIGNATURE OF WITNESS</p>		<p>32. SIGNATURE OF WITNESS</p>	
<p>33. SIGNATURE OF WITNESS</p>		<p>34. SIGNATURE OF WITNESS</p>	
<p>35. SIGNATURE OF WITNESS</p>		<p>36. SIGNATURE OF WITNESS</p>	
<p>37. SIGNATURE OF WITNESS</p>		<p>38. SIGNATURE OF WITNESS</p>	
<p>39. SIGNATURE OF WITNESS</p>		<p>40. SIGNATURE OF WITNESS</p>	
<p>41. SIGNATURE OF WITNESS</p>		<p>42. SIGNATURE OF WITNESS</p>	
<p>43. SIGNATURE OF WITNESS</p>		<p>44. SIGNATURE OF WITNESS</p>	
<p>45. SIGNATURE OF WITNESS</p>		<p>46. SIGNATURE OF WITNESS</p>	
<p>47. SIGNATURE OF WITNESS</p>		<p>48. SIGNATURE OF WITNESS</p>	
<p>49. SIGNATURE OF WITNESS</p>		<p>50. SIGNATURE OF WITNESS</p>	
<p>51. SIGNATURE OF WITNESS</p>		<p>52. SIGNATURE OF WITNESS</p>	
<p>53. SIGNATURE OF WITNESS</p>		<p>54. SIGNATURE OF WITNESS</p>	
<p>55. SIGNATURE OF WITNESS</p>		<p>56. SIGNATURE OF WITNESS</p>	
<p>57. SIGNATURE OF WITNESS</p>		<p>58. SIGNATURE OF WITNESS</p>	
<p>59. SIGNATURE OF WITNESS</p>		<p>60. SIGNATURE OF WITNESS</p>	
<p>61. SIGNATURE OF WITNESS</p>		<p>62. SIGNATURE OF WITNESS</p>	
<p>63. SIGNATURE OF WITNESS</p>		<p>64. SIGNATURE OF WITNESS</p>	
<p>65. SIGNATURE OF WITNESS</p>		<p>66. SIGNATURE OF WITNESS</p>	
<p>67. SIGNATURE OF WITNESS</p>		<p>68. SIGNATURE OF WITNESS</p>	
<p>69. SIGNATURE OF WITNESS</p>		<p>70. SIGNATURE OF WITNESS</p>	
<p>71. SIGNATURE OF WITNESS</p>		<p>72. SIGNATURE OF WITNESS</p>	
<p>73. SIGNATURE OF WITNESS</p>		<p>74. SIGNATURE OF WITNESS</p>	
<p>75. SIGNATURE OF WITNESS</p>		<p>76. SIGNATURE OF WITNESS</p>	
<p>77. SIGNATURE OF WITNESS</p>		<p>78. SIGNATURE OF WITNESS</p>	
<p>79. SIGNATURE OF WITNESS</p>		<p>80. SIGNATURE OF WITNESS</p>	
<p>81. SIGNATURE OF WITNESS</p>		<p>82. SIGNATURE OF WITNESS</p>	
<p>83. SIGNATURE OF WITNESS</p>		<p>84. SIGNATURE OF WITNESS</p>	
<p>85. SIGNATURE OF WITNESS</p>		<p>86. SIGNATURE OF WITNESS</p>	
<p>87. SIGNATURE OF WITNESS</p>		<p>88. SIGNATURE OF WITNESS</p>	
<p>89. SIGNATURE OF WITNESS</p>		<p>90. SIGNATURE OF WITNESS</p>	
<p>91. SIGNATURE OF WITNESS</p>		<p>92. SIGNATURE OF WITNESS</p>	
<p>93. SIGNATURE OF WITNESS</p>		<p>94. SIGNATURE OF WITNESS</p>	
<p>95. SIGNATURE OF WITNESS</p>		<p>96. SIGNATURE OF WITNESS</p>	
<p>97. SIGNATURE OF WITNESS</p>		<p>98. SIGNATURE OF WITNESS</p>	
<p>99. SIGNATURE OF WITNESS</p>		<p>100. SIGNATURE OF WITNESS</p>	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2541**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) REGINALD R. TRUBEY			2. DATE OF DEATH March 8, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4904 Woodside Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 28-04		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 4904 Woodside Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 25, 1895	9. AGE (In years last birthday) 57	10. Under 1 Year Months _____ Days _____ 11. Under 24 Hours Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President		10B. KIND OF BUSINESS OR INDUSTRY Porcelain Steel Mfg.	11. BIRTHPLACE (State or foreign country) Ohio		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Abraham Trubey			14. MOTHER'S MAIDEN NAME Mary M. Frisinger		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) yes World No. 1		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Pearl L. Trubey-4904 Woodside Rd.		

18. **E976X 1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Gunshot wound of head**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
4904 Woodside Avenue

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
March 8, 1953 11:00 A.M.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?
Shot self in head

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE
William J. Ticker

23B. CHIEF MEDICAL EXAMINER..... ☐
ASSISTANT MEDICAL EXAMINER..... ☒
M.D. MEDICAL INVESTIGATOR..... ☐

23C. DATE SIGNED
March 9, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)
Cremation

24B. DATE
3/11/53

24C. NAME OF CEMETERY OR CREMATORY
Green Mount Crematory

24D. LOCATION (City, town, or county) (State)
Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 10 1953
N 803.4

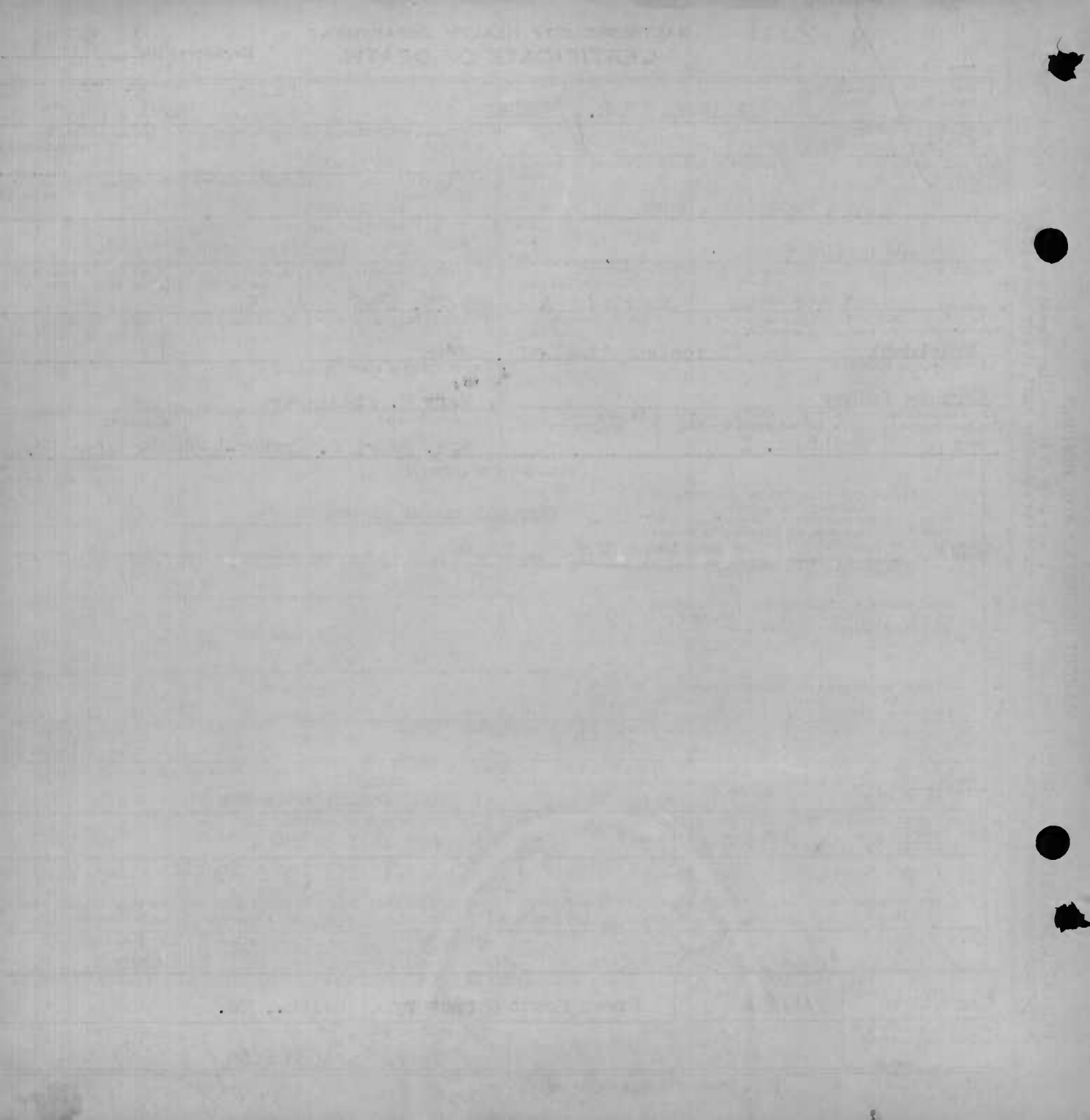
Huntington Williams, Jr.

2903A

Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 2542**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas Jackson Eubank

2. DATE
OF
DEATH

Mar. 8, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1508 Oakridge Avenue

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1508 Oakridge Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Oct. 21, 1900

9. AGE (In years
last birthday)

52

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Sales Manager, Warden & Young

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas J. Eubank

Auto (R)

14. MOTHER'S MAIDEN NAME

Alice Robertson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

216-10-0716

17. INFORMANT

ADDRESS

Mrs. Evelyn Eubank, 1508 Oakridge

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/3 1952 to 3/8 1953, that I last saw the
deceased alive on 3/8 1953, and that death occurred at 1P. m., from the causes and on the date stated above.

23A. SIGNATURE

G. H. Hornstein

M. D.

23B. ADDRESS

2048 Biddle St 8/3 1953

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/11/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Leonard J. Ruck

ADDRESS

5305 Harford Road.

Dr. Hornstein
204 E. Biddle St.
8-10-58

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2543

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Daisy Bell Riggins

2. DATE
OF
DEATH

March 8, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution, residence
before admission)

A. STATE

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

232 N. Carey St.

Md.
Balto.C. CITY OR TOWN (If outside corporate limits, write LOCAL and give
township)

D. STREET ADDRESS (If rural, give location)

232 N. Carey St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 21, 1891

9. AGE (in years,
last birthday)

61

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

S. C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Zach

14. MOTHER'S MAIDEN NAME

Surdac

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, never unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mary Wilson 232 N. Carey St.

ADDRESS

18.

181X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Carcinoma of Bladder

INTERVAL BETWEEN
ONSET AND DEATH

14 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-28, 1952 to 3-8, 1953 that I last saw the
deceased alive on 3-7, 1953 and that death occurred at 4:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

W. Atwell Jones, M.D.

23B. ADDRESS

554 Dolphin St.

23C. DATE SIGNED

3-10-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/13/1953

24C. NAME OF CEMETERY OR CREMATORY

Pleasantville Cem. Pleasantville N.J.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 10 1953

REGISTRAR'S SIGNATURE

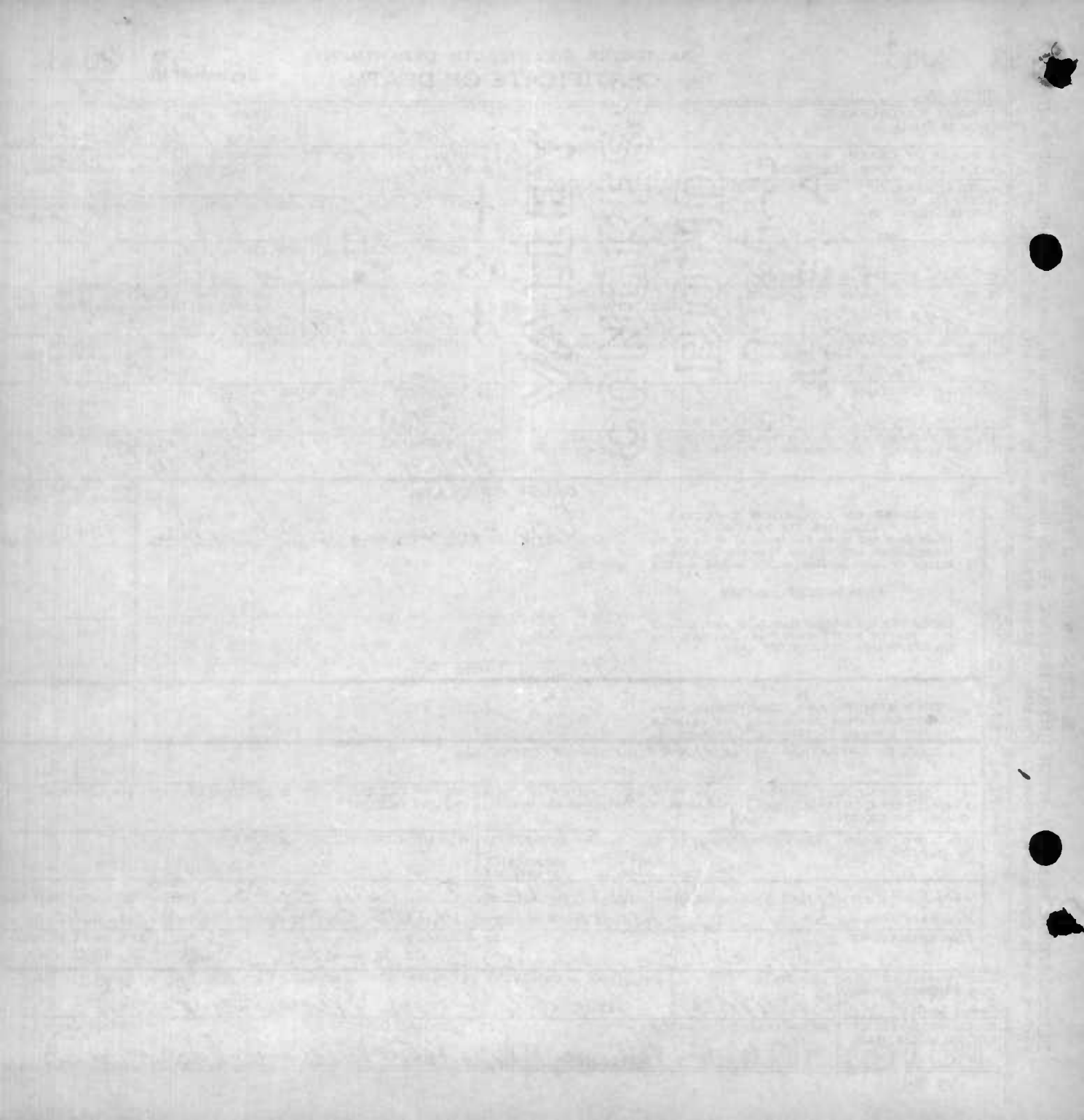
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

W. H. Kates & Williams

ADDRESS

222



MAF/168444

53 2544

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2544

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth Sparrow

2. DATE
OF
DEATH

Mar. 7, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR BALTIMORE CITY HOSPITALS location)
INSTITUTION 4940 Eastern AvenueC. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

502 S. Paca St.

c. Length of stay in Baltimore

20 yrs.

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Nov. 14, 1904

9. AGE (in years
last birthday)

48

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Hom. Sewing

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Burn Cuff

14. MOTHER'S MAIDEN NAME

Amelia Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Records: Balto. City Hospitals
4940 Eastern Ave.

18. 241X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bronchial Asthma

DUE TO

10 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-7, 1953, to 3-7, 1953, that I last saw the
deceased alive on 3-7, 1953, and that death occurred at 7:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. K. R. R.

23B. ADDRESS

4940 Eastern Ave., Balto. Md.

23C. DATE SIGNED

3-7-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar 11, 1953

24C. NAME OF CEMETERY OR CREMATORY

National Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

322 N.

WATSON CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1-1-1918

1918

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2545

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James L. Palmer

2. DATE
OF
DEATH

3/7/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
A. STATE B. COUNTYB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

214 N. Stricker St.

C. CITY OR TOWN (If outside corporate limits, write full name and give
township)

Balt.

D. STREET ADDRESS (If rural, give location)

214 N. Stricker St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 24, 1894

9. AGE (in years
last birthday)

58

10. Under 1 Year 11. Under 24 Hours

Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Construction

11. BIRTHPLACE (State or foreign country)

Meadville Pa.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Jesse Palmer

14. MOTHER'S MAIDEN NAME

Mary Womack

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

164-16-8596

17. INFORMANT

Zeludee Palmer 210 N. Del. St.

ADDRESS

18. 443X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardio-
vascular disease

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
ni. WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. H. Fisher M.D.

23B. CHIEF MEDICAL EXAMINER... ☒
ASSISTANT MEDICAL EXAMINER... ☐
MEDICAL INVESTIGATOR... ☐23C. DATE SIGNED
3/8/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/10/1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Vernon Cem. Balt.

24D. LOCATION (City, town, or county)

Balt.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 10 1953

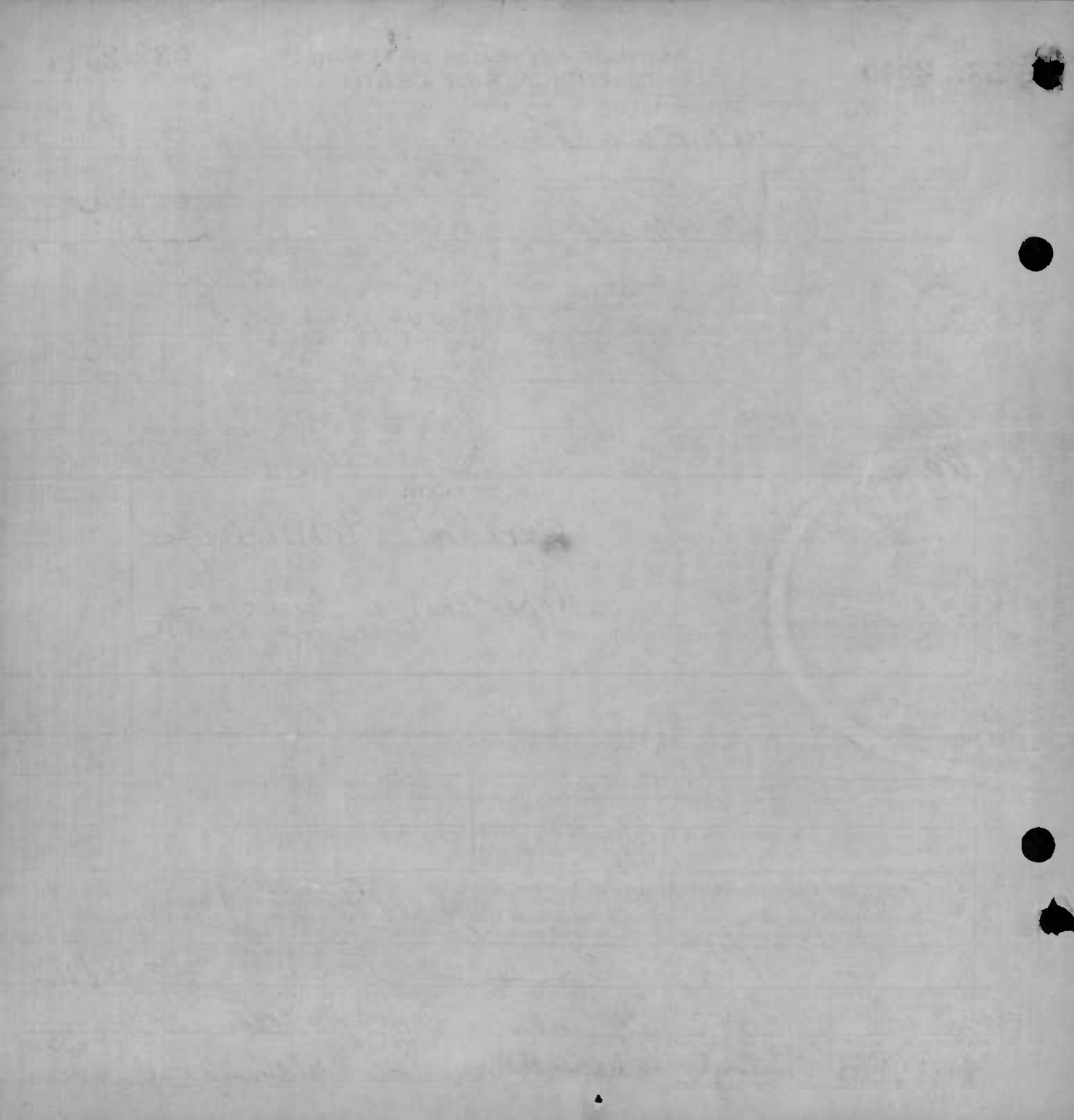
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Kate R. Williams Schreder 322 N.

ADDRESS



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2546

BIRTH NO. 53 2546

1. NAME OF DECEASED (Type or Print) <u>Helen Adams</u>			2. DATE OF DEATH <u>Mar 8-1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>MD.</u> B. COUNTY <u>6-03</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>2128 E. Fayette St.</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Jan. 31, 1897</u>	9. AGE (In years last birthday) <u>56</u>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Laurel Md</u>
13. FATHER'S NAME <u>Morgan Balchwin</u>			14. MOTHER'S MAIDEN NAME <u>Carrie Boggs</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>—</u>		
17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u>			ADDRESS		

18. <u>443X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>HYPERTENSIVE CARDIOVASCULAR DISEASE</u>	CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO	INTERVAL BETWEEN ONSET AND DEATH <u>48 HRS</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>PARALYTIC ILEUS</u>		

19A. DATE OF OPERATION <u>3-8-53</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>3-8-53</u> , to <u>3-8-53</u> , that I last saw the deceased alive on <u>DOA</u> , 19 <u>53</u> , and that death occurred at <u>5:05 PM</u> , from the causes and on the date stated above.		
23A. SIGNATURE <u>A. H. Owens</u>	23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>	23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>March 11, 1953</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Cedar Bluff Cem. (Baltimore)</u>	24D. LOCATION (City, town, or county) (State) <u>Maryland</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 10 1953</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	25. FUNERAL DIRECTOR <u>Walter W. Donaldson</u>	ADDRESS <u>Laurel Md</u>

Released to hospital To be APPROVED By Med. Ex.

NOT A MEDICAL EXAMINER'S CASE

R. H. Fisher M.D.

CHIEF OR ASS T. MEDICAL EXAMINER

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 2547**BIRTH NO. **53 2547**

1. NAME OF DECEASED (Type or Print) Mary Ann Hogg		2. DATE OF DEATH March 8, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3643 Ramona Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 3643 Ramona Avenue		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 17, 1867
9. AGE (In years last birthday) 85	10. UNDER 1 YEAR Months: Days: Hours: Min:	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home	
13. FATHER'S NAME Thomas Burns		14. MOTHER'S MAIDEN NAME Mary Murray	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Margaret Hogg, 3643 Ramona Avenue		ADDRESS	

18. 592X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uraemic Coma DUE TO Ch. Nephritis & Hypertension		INTERVAL BETWEEN ONSET AND DEATH 3 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 15, 1953 to March 8, 1953 that I last saw the deceased alive on March 8, 1953 , and that death occurred at 9 p.m. from the causes and on the date stated above.					
23A. SIGNATURE Irma Temple		23B. ADDRESS room 801		23C. DATE SIGNED 3/9/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 3/11/53		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Maryland		24E. FUNERAL DIRECTOR Tom Cook, Inc.		24F. ADDRESS 1217 St. Paul Street	
DATE RECEIVED BY LOCAL REGISTRAR March 10 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Tom Cook, Inc.	

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

Case No. 10-1000

Report of Special Agent in Charge

Investigation of the activities of the
American Communist Party, Inc.

Reference is made to the report of the
Special Agent in Charge, dated 10-10-40.

The following information was obtained from
the files of the American Communist Party, Inc.

On 10-10-40, the American Communist Party, Inc.

was advised that the American Communist Party, Inc.

was advised that the American Communist Party, Inc.

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was advised that the American Communist Party, Inc.

was advised that the American Communist Party, Inc.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2548

53 2548
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Sviridovich, Mr Konstantin		2. DATE OF DEATH 3-8-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Church Home & Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 39 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1321 Richardson St	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 9-25-1892
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Reparman		10B. KIND OF BUSINESS OR INDUSTRY R&O	9. AGE (in years last birthday) 60
13. FATHER'S NAME Sviridovich Mr Theodore		11. BIRTHPLACE (State or foreign country) Russia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		14. MOTHER'S MAIDEN NAME Eleanore ?	
16. SOCIAL SECURITY NO.		17. INFORMANT Wheeler	
		ADDRESS	

18. 204.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Lymphatic leukemia DUE TO (A)	INTERVAL BETWEEN ONSET AND DEATH 6 months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO (C)	

19A. DATE OF OPERATION 3/12/53	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 3-8-1953 to 3-8-1953 , that I last saw the deceased alive on 3-8-1953 , and that death occurred at 4:45 pm. , from the causes and on the date stated above.		
23A. SIGNATURE [Signature]	23B. ADDRESS Church Home & Hospital	23C. DATE SIGNED 3-8-53

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/12/53	24C. NAME OF CEMETERY OR CREMATORY Oak Lawn	24D. LOCATION (City, town, or county) (State) Eastern Ave. Extended
DATE RECEIVED BY LOCAL REGISTRAR MAR 10 1953	REGISTRAR'S SIGNATURE Huntington W.	25. FUNERAL DIRECTOR Wm Oak Inc. 1217 St. Paul St.	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2549**

BIRTH NO. **362**

1. NAME OF DECEASED
(Type or Print)

ULENA J. PATTERSON

2. DATE OF DEATH **March 9, 1953**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

813 N. Howard Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Nov. 19, 1871

9. AGE (In years last birthday)

81

If Under 1 Year

If Under 24 Hours

Months

Days

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret- Nurse

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Benjamin F. Van Zandt

14. MOTHER'S MAIDEN NAME

Agnes A. Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Naomi A. Smith, 877 N. Howard Street

18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB-UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher M.D.

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED **March 10, 1953**

24A. BURIAL, CREMATION, REMOVAL (Specify)
burial

24B. DATE
3/12/53

24C. NAME OF CEMETERY OR CREMATORY
Govens Presbyterian Cemetery

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

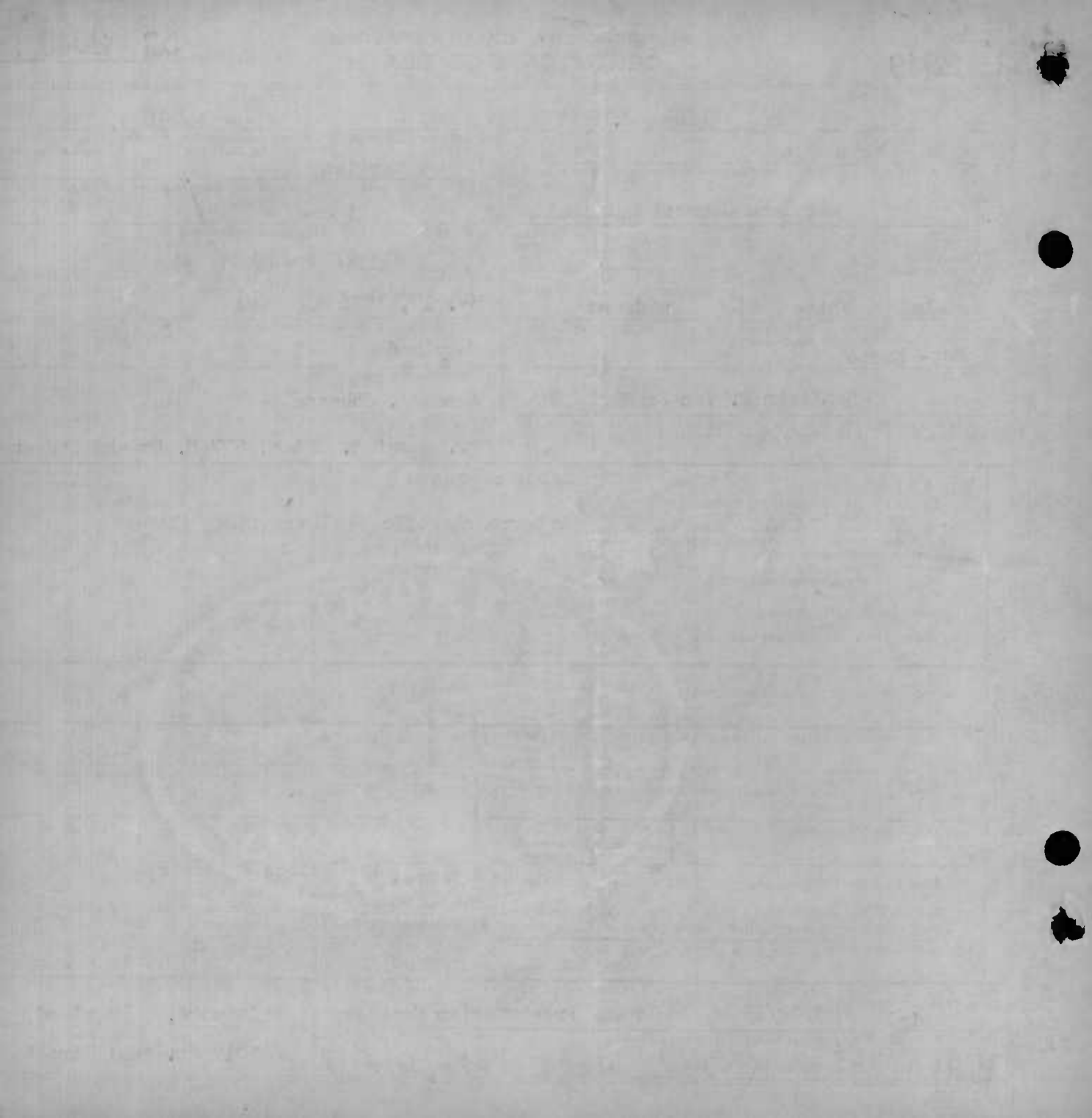
Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. G. G. Inc.

ADDRESS

1217 St. Paul Street



BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 2550

BIRTH NO. 2550 53-04479

CERTIFICATE OF DEATH

1. NAME OF DECEASED
(Type or Print)

MICHAEL DENNIS BARRY

2. DATE
OF
DEATH

March 8, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1341 Gorsuch Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

February 21, 1953

9. AGE (In years
last birthday)If Under 1 Year
Months Days
1410A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James E. Barry

14. MOTHER'S MAIDEN NAME

Jeanne Quinlin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

James E. Barry, 1341 Gorsuch Avenue

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Interstitial pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
M.D. ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
March 9, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

3/12/53

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

24D. LOCATION (City, town, or county)

Woodlawn,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

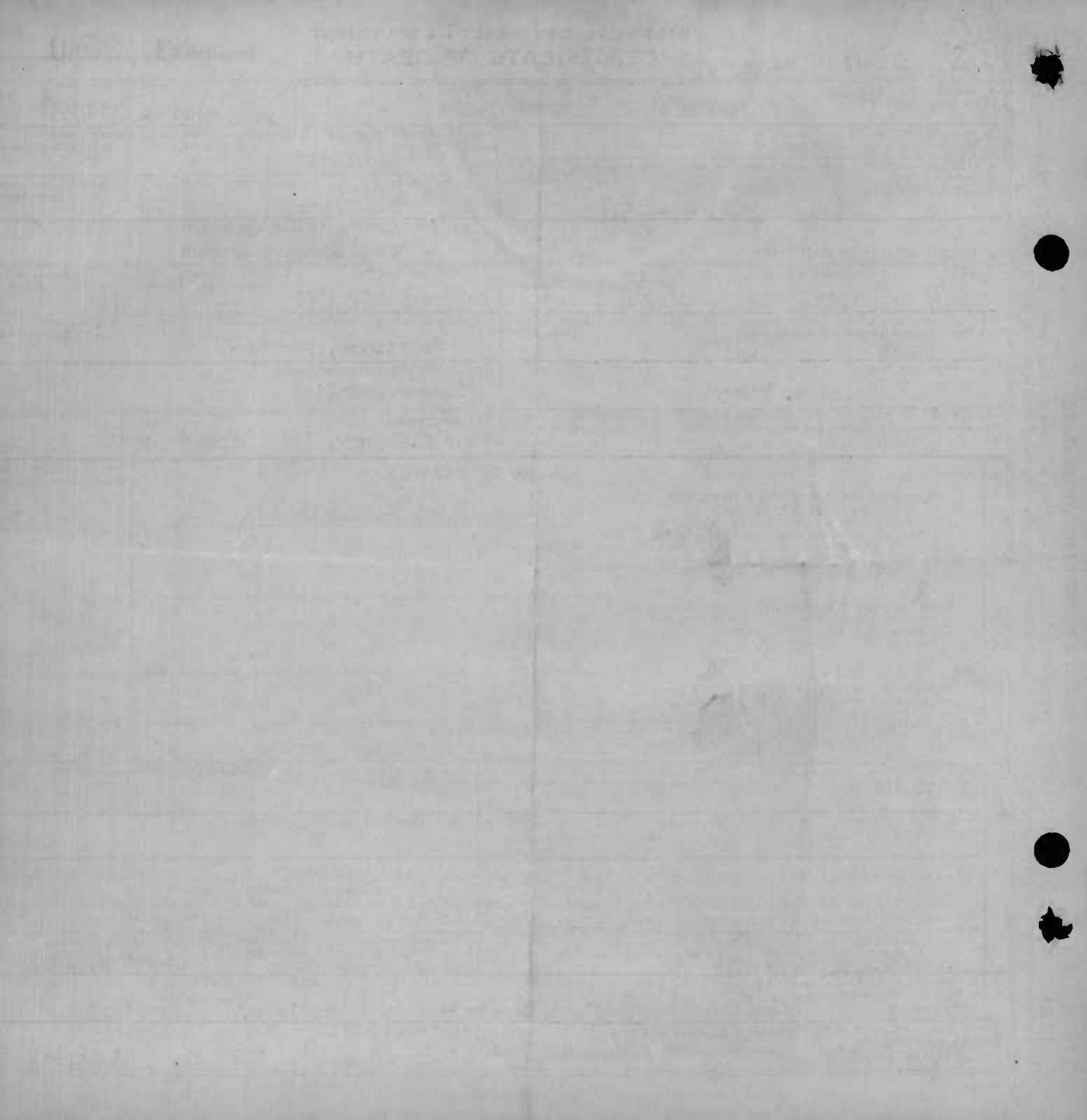
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 10 1953

Huntington Williams, M.D. 1217 St. Paul Street



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53-2551BIRTH NO. 53-25511. NAME OF DECEASED
(Type or Print)Ellen R. Hooper2. DATE
OF
DEATHMARCH 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland FRANKLIN SQUARE HOSP.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)MARYLANDB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)FRANKLIN SQUARE HOSPITALC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)PURTON

D. STREET ADDRESS (If rural, give location)

MALVERN AVE

c. Length of stay in Baltimore

5. SEX

FEMALE

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)SINGLE

8. DATE OF BIRTH

MARCH 25, 769. AGE (In years
last birthday)7610. Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)NONE10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND12. CITIZEN OF
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

THOMAS HOOPER

14. MOTHER'S MAIDEN NAME

SARA HOLLINS15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)No16. SOCIAL
SECURITY NO.

17. INFORMANT

ROBERT HOOPER

ADDRESS

MALVERN AVE. PURTON MD

18.

420.1DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Acute myocardial Infarction

DUE TO

ANTECEDENT CAUSES

(B)

Arterio sclerosis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-7, 1953, to 3-10, 1953, that I last saw the
deceased alive on 3-10, 1953, and that death occurred at 2:47 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Franklin Square Hosp.

23B. ADDRESS

Franklin Square Hosp.

23C. DATE SIGNED

March 10 '5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

3/12/53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville, MarylandDATE RECEIVED BY
LOCAL REGISTRAR

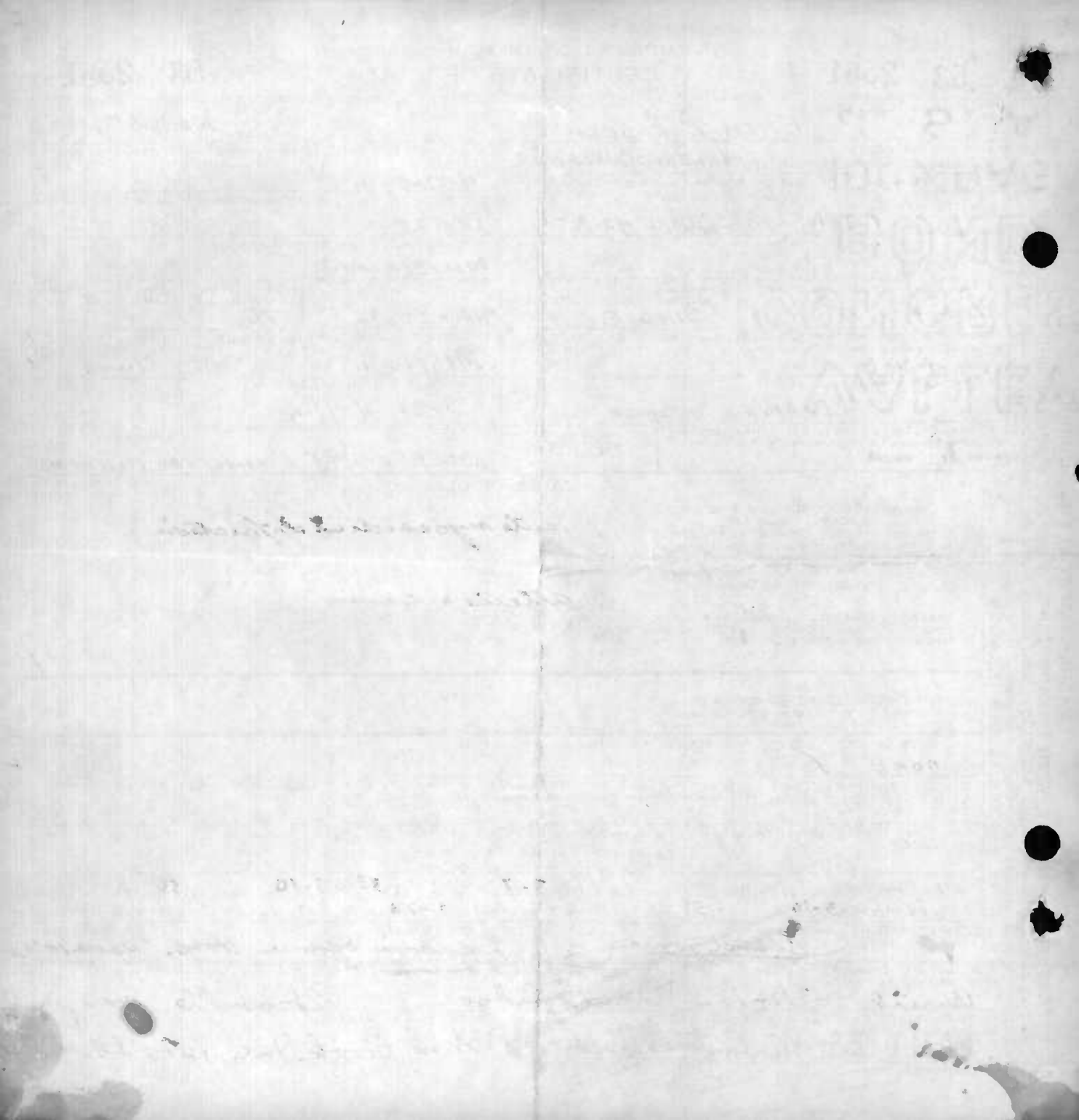
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1217 St. Paul St.



CERTIFICATE CORRECTED 3/19/53 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2552
Registered No. 2552

1. NAME OF DECEASED (Type or Print) MURRAY, HELEN		2. DATE OF DEATH 3. 8. 53	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
5. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Dundalk	
c. Length of stay in Baltimore 12 Yrs. 1 Mos. 1 Days		D. STREET ADDRESS (If rural, give location) 116 Williams Ave. 5353	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH 1. 13. 1904
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (in years last birthday) 49 If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
13. FATHER'S NAME Nicholas L. Smith		14. MOTHER'S MAIDEN NAME Theresa Kreutzer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 1	
17. INFORMANT George E. Smith		ADDRESS 1901 Maxwell Ave.	

18. 581.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH Uremia		INTERVAL BETWEEN ONSET AND DEATH 1 wk
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Cirrhosis of liver		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2. 21. 53 , 19 53 , to 3. 8. 53 , 19 53 , that I last saw the deceased alive on 3. 7. 53 , 19 53 , and that death occurred at 4:20 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE O. Rork		23B. ADDRESS Mercy Hospital		23C. DATE SIGNED 3. 8. 53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March, 11, 1953		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. FUNERAL DIRECTOR Schimunek Funeral Home, Inc.		24F. ADDRESS 2601-3-5 E. Madison St.	

See letter in Document File

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2553
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

HOWARD JOSEPH FREDERICK

2. DATE
OF
DEATH

MAY 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

Maryland Baltimore
Baltimore 23-03B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1746 A. Charles St.

D. STREET ADDRESS (If rural, give location)

1746 A. Charles St.

c. Length of stay in Baltimore

12 yrs

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

5/9/1885

9. AGE (In years
last birthday)

67

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Manager

10B. KIND OF BUSINESS OR
INDUSTRY

Movie Theater

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Guilla Frederick

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

313-05-9411

17. INFORMANT

1746 A. Charles St.
Mrs Edna E. Frederick

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary occlusion

Immediate

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Coronary sclerosis

DUE TO

(C) Hypertensive cardio vascular

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

disorder

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/24/1952, to 3/10/1953 that I last saw the
deceased alive on 3/8/1953, and that death occurred at 4 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Harry Deibel

23B. ADDRESS

1226 Hanover St.

23C. DATE SIGNED

3/10/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/13/53

24C. NAME OF CEMETERY OR CREMATORY

St. Johns Cem.

24D. LOCATION (City, town, or county)

Ellicott City, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Easton Bone

ADDRESS

Ellicott City, Md.

MAY 10 1953

2908M

1883

2

DEPARTMENT OF HEALTH

1883

CERTIFICATE OF DEATH



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2554

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HENRY WHITE ALIAS HENRY WHITE MUNGIN		2. DATE OF DEATH Mar. 4, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL US Public Health Service Hospital INSTITUTION Wyman Pk. Drive & 31st Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5-01	
c. Length of stay in Baltimore ? Yrs. 57 Mos. ? Days		D. STREET ADDRESS (If rural, give location) 1213 St. Matthews street	
5. SEX M	6. COLOR OR RACE col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 3/15/07
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman Watertender		10B. KIND OF BUSINESS OR INDUSTRY seafarer	9. AGE (In years last birthday) 45 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) Ga.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Henry Mungin (?)		14. MOTHER'S MAIDEN NAME Laura ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 260-18-6827	
17. INFORMANT		ADDRESS Records - US PHS Hospital, Balto, Md.	
18. 445X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Malignant hypertension DUE TO (B) ? DUE TO (C) ? DUE TO			INTERVAL BETWEEN ONSET AND DEATH Unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb. 26 , 19 53 , to Mar. 4 , 19 53 , that I last saw the deceased alive on Mar. 4 , 19 53 , and that death occurred at 12:33A m., from the causes and on the date stated above.			
23A. SIGNATURE J.A. Hunter J.A. Hunter, Clinical Director M. D.		23B. ADDRESS US PHS Hospital, Balto, Md.	
23C. DATE SIGNED 3/4/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/11/53	
24C. NAME OF CEMETERY OR CREMATORY mt Calvery am.		24D. LOCATION (City, town, or county) (State) Brooklyn Md	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE	
MAR 10 1953		Thoy O. Wilson	
FUNERAL DIRECTOR		ADDRESS 1008 Beauty ave	

53 2555

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2555

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Scott, Edgar

2. DATE
OF
DEATH

3/10/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

Harford

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Rural - 6200

D. STREET ADDRESS (If rural, give location)

Fawn Lane RD1, Pa.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

6/2/1882

9. AGE (In years last birthday)

70

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR INDUSTRY

own farm

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Scott Duncan

14. MOTHER'S MAIDEN NAME

Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Eleg. Scott, Fawn Lane Pa.

18. 572.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

Pulmonary emboli

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Pulv. & phlebotrombosis

DUE TO

(C)

Peritonitis secondary to perforation of large bowel.

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3/3/53

19B. MAJOR FINDINGS OF OPERATION

Peritonitis secondary to duodenal ulcer (perforated)

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/8, 1953, to 3/10, 1953, that I last saw the deceased alive on 3/10, 1953, and that death occurred at 5.30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Fabian Espinoza

23B. ADDRESS

Franklin Square Hospital

23C. DATE SIGNED

3/10/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

3-13-53

24C. NAME OF CEMETERY OR CREMATORY

Centre

24D. LOCATION (City, town, or county) (State)

New Park York Co., Penna

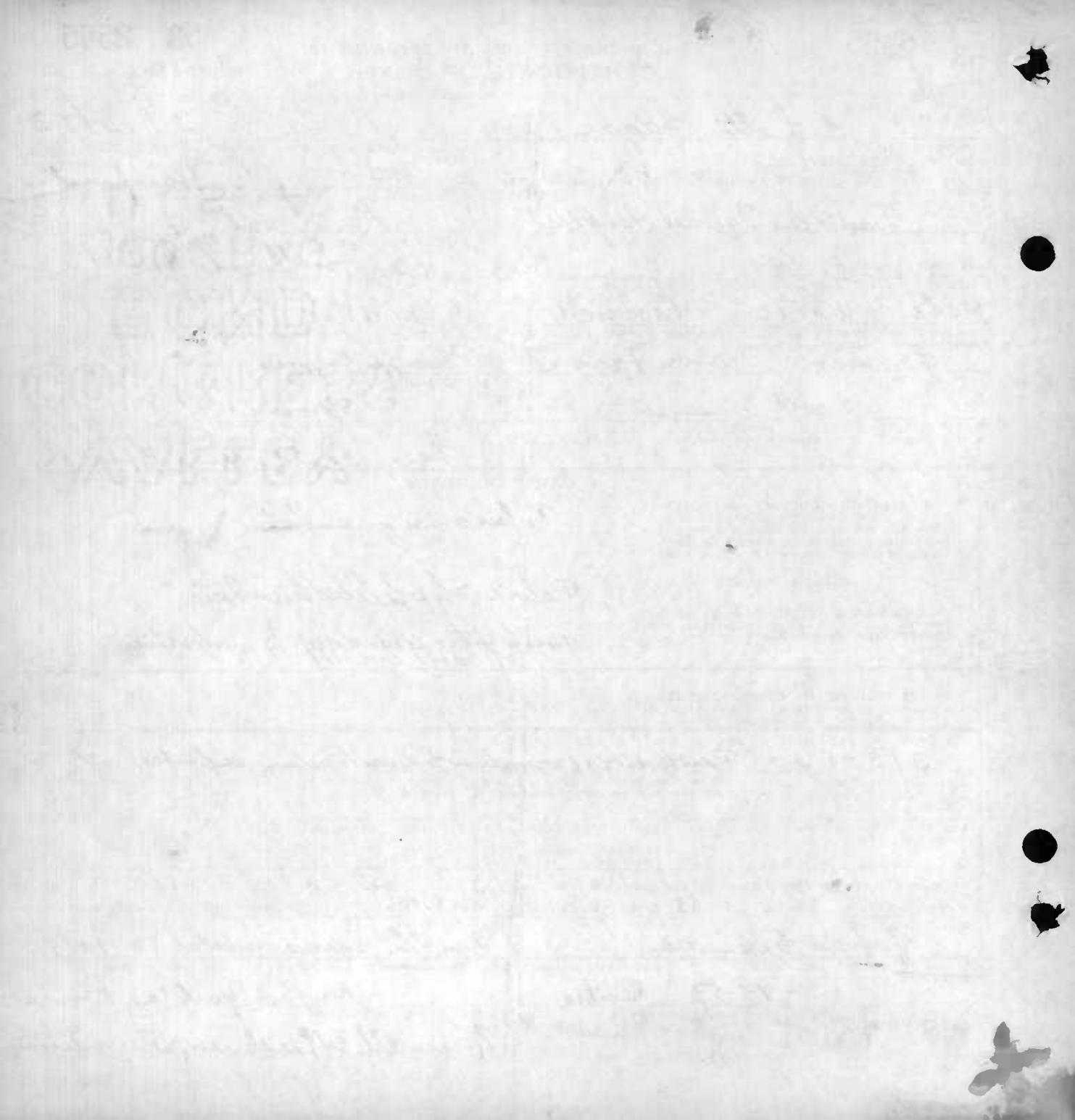
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Kenneth W. Oakman, Stewartstown



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 2556

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2556

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) ESTHER POLIAKOFF			2. DATE OF DEATH 3-10-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland Belvedere & Greenway			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY 27-17		
B. FULL NAME OF HOSPITAL OR INSTITUTION Levindale Aged Home Greenway Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Belvedere & Greenway		
C. Length of stay in Baltimore 15 years			D. STREET ADDRESS (If rural, give location) Levindale Aged Home		
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1875		9. AGE (In years last birthday) 78
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10B. KIND OF BUSINESS OR INDUSTRY own Home	11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Chaim Tuxis			14. MOTHER'S MAIDEN NAME Faiga ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Hermine Oppenheimer-Jorgiel Ave	
18. 260X		CAUSE OF DEATH		ADDRESS 5800	

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Coronary Thrombosis**
DUE TO**9 days**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **arteriosclerosis**
DUE TO
(C) **diabetes mellitus****years**
years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11-20**, 19**49** to **3-10**, 19**53**, that I last saw the deceased alive on **3-10**, 19**53**, and that death occurred at **11 a. m.**, from the causes and on the date stated above.

23A. SIGNATURE

Henry Nagel M. D.

23B. ADDRESS

Levindale Home

23C. DATE SIGNED

3-10-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 11, 1953

24C. NAME OF CEMETERY OR CREMATORY

Shaare Zion Congregation

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

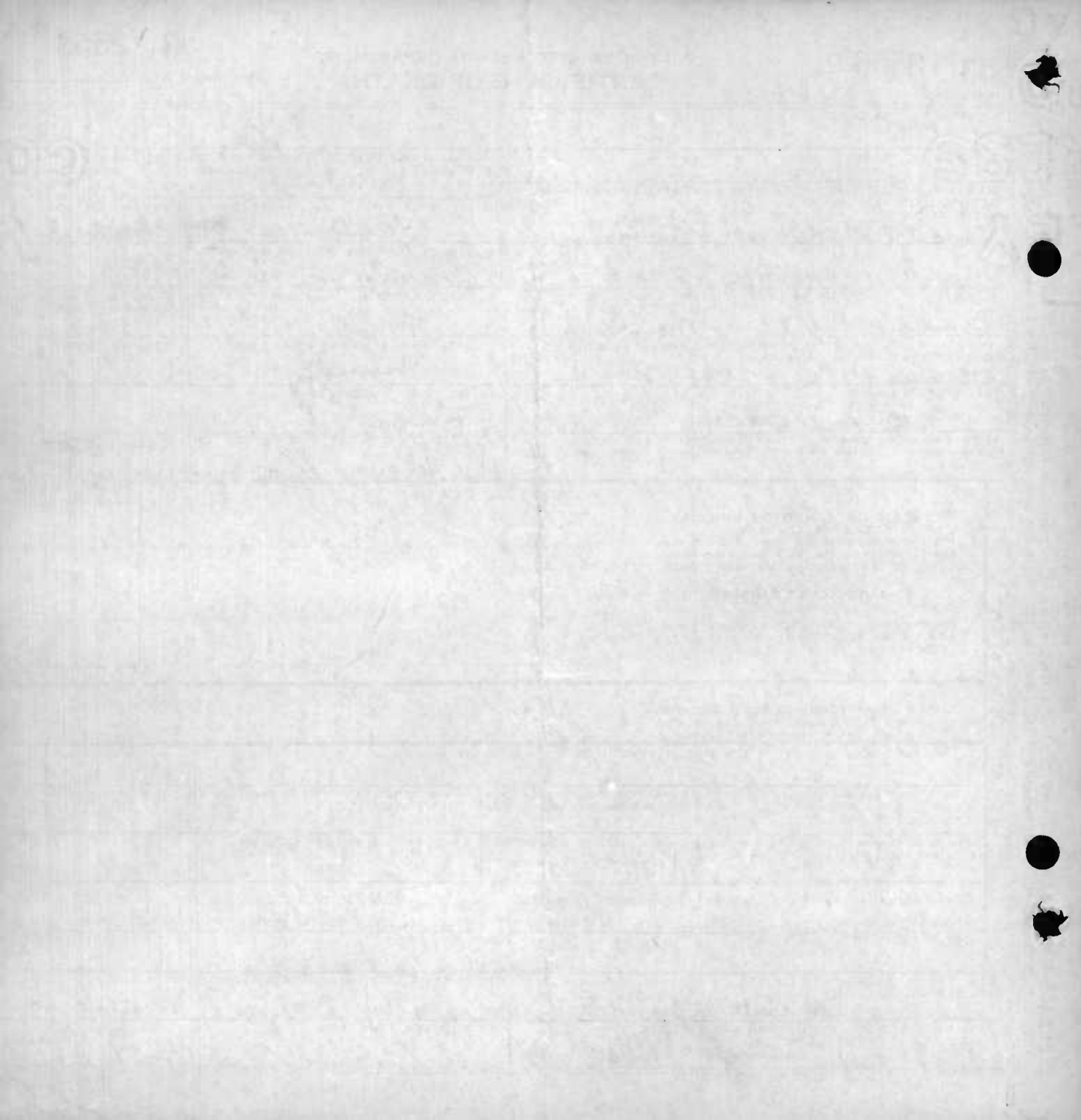
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Sol Levinson & Sons

ADDRESS

1126 W. North Ave



53 2557

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2557

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) E. Milton Keil			2. DATE OF DEATH March 9/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ma. B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 37 Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-07		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 529 Wildwood Parkway		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 28, 1891	9. AGE (In years last birthday) 61	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boilerman		10B. KIND OF BUSINESS OR INDUSTRY U.S. Post office	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME Edward F. Keil			14. MOTHER'S MAIDEN NAME Josephine Wagner		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS Mrs. Carrie T.R. Keil, 529 Wildwood		

18. **420.1**

CAUSE OF DEATH

PK INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Coronary occlusion**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Swollen coronary sclerosis**
DUE TO
(C) _____

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION _____

19B. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? _____

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____

21E. INJURY OCCURRED _____

21F. HOW DID INJURY OCCUR? _____

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **10/4/53** to **3/9/53**, that I last saw the deceased alive on **3/8/53**, 19**53**, and that death occurred at **8:00** m., from the causes and on the date stated above.

23A. SIGNATURE **H. W. Williams**23B. ADDRESS **3921 Edmondson Ave.**23C. DATE SIGNED **3/10/53**24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial**24B. DATE **March 12/53**24C. NAME OF CEMETERY OR CREMATORY **Baltimore Cemetery**24D. LOCATION (City, town, or county) **Baltimore, Md.**

(State) _____

DATE RECEIVED BY LOCAL REGISTRAR **MARTIN**REGISTRAR'S SIGNATURE **Huntington Williams**25. FUNERAL DIRECTOR **Harry T. Hutzler**ADDRESS **4101 Edmondson Ave.**

UNITED STATES DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1911

1911

George A. ...
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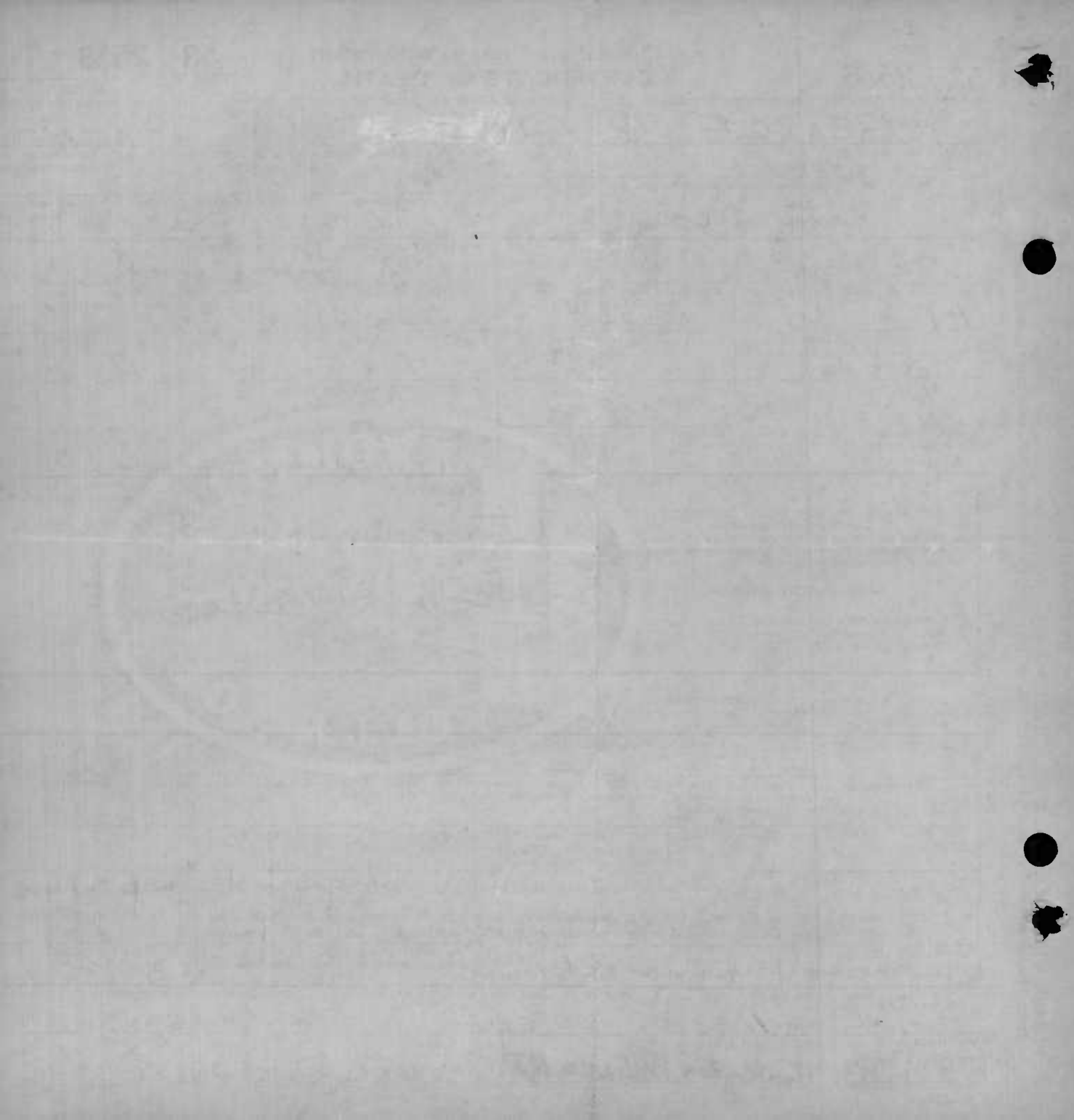
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M-460

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2558
Registered No.

53 2558 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH MUELLER		53 2558 Registered No.	
1. NAME OF DECEASED (Type or Print) GEORGE G. MUELLER			2. DATE OF DEATH 3-8-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION City Morgue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 20-04		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 118 Sandwehrs Lane		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH Unknown	9. AGE (In years last birthday) 72	If Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER			11. BIRTHPLACE (State or foreign country) MARYLAND		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John G. Mueller			14. MOTHER'S MAIDEN NAME ANNA K. Ebber		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. NONE		
17. INFORMANT LOUISA WEIDEMAN			ADDRESS 152 McPhail St.		

18. 42010 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Arteriosclerotic DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Heart Disease DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) none		
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an Inquiry + Inspection from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .				
23A. SIGNATURE Francis J. Januszewski		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		
23C. DATE SIGNED 3-8-53				
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 3-11-53	24C. NAME OF CEMETERY OR CREMATORY WESTERN	24D. LOCATION (City, town, or county) (State) BALTIMORE, MD.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 11 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR George L. Schweb ADDRESS 2101 Frederick Ave.		



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2559
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SHELTON EDWIN SEWELL, SR.

2. DATE
OF
DEATH

Mar. 9, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR US Public Health Service location)
INSTITUTION Hospital

Wyman Pk. Drive & 31st St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Baltimore

26-02 township)

D. STREET ADDRESS (If rural, give location)

2341 Loretta Avenue

c. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

9/13/04

9. AGE (In years
last birthday)

48

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

2nd Asst. Eng.

10B. KIND OF BUSINESS OR
INDUSTRY

seafarer

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Joseph Sewell

14. MOTHER'S MAIDEN NAME

Mary Ashley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

USA

16. SOCIAL
SECURITY NO.

213-09-8325

17. INFORMANT

ADDRESS

Records- US PHS Hospital, Balto, Md.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Myocardial infarction due to
coronary occlusion

4 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 9, 1953 to Mar. 9, 1953, that I last saw the
deceased alive on Mar. 9, 1953, and that death occurred at 8:40 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Frank London, SA Surgeon

23B. ADDRESS

M. D. US PHS Hospital, Balto, Md.

23C. DATE SIGNED

3/10/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-13-53

24C. NAME OF CEMETERY OR CREMATORY

MT. OLIVE

24D. LOCATION (City, town, or county)

BALTIMORE, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Geo. L. Schwab 2101 Frederick Ave.

STATE OF TEXAS
COUNTY OF DALLAS

WITNESSES

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public in and for the State of Texas

My Commission Expires _____

Notary Public in and for the State of Texas

My Commission Expires _____

53 2560

BALTIMORE CITY HEALTH DEPARTMENT

53 2560

Registered No.

BIRTH NO.

53-06442

CERTIFICATE OF DEATH

1. NAME OF DECEASED
(Type or Print)

BABY GIRL NISSELROTH

2. DATE
OF
DEATH

3-7-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

INSTITUTION

MIRLY HOSPITAL

C. CITY OR TOWN

BALTIMORE

(If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

4046 ANNELLEN RD

C. Length of stay in Baltimore

1 hr

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

3-7-53

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

2 10

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

SAUL H. NESSELROTH

14. MOTHER'S MAIDEN NAME

AIDA BEN-ASHER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

HOSPITAL RECORDS

18.

776x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

PREMATURITY

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-7 1953, to 3-7 1953, that I last saw the
deceased alive on 3-7 1953, and that death occurred at 10³⁰ A.M., from the causes and on the date stated above.

23A. SIGNATURE

Joseph J. Michals

M. D.

23B. ADDRESS

May Hospital

23C. DATE SIGNED

3-7-53

24A. BURIAL, CREM-
ATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial 3-11-53

Shaarer Belok

Baltimore, Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

MAR 11 1953

Huntington Williams, M.D.

Black River

2100 Canton Pl

VS 150

OFFICE OF THE ATTORNEY GENERAL

IN SENATE

JANUARY 1, 1900

REPORT OF THE

COMMISSIONER OF THE LAND OFFICE

FOR THE YEAR 1899

ALBANY:

WILLIAM B. EDEY, PRINTING OFFICE

1899

NEW YORK

STATE OF NEW YORK

OFFICE OF THE ATTORNEY GENERAL

IN SENATE

JANUARY 1, 1900

REPORT OF THE

COMMISSIONER OF THE LAND OFFICE

FOR THE YEAR 1899

ALBANY:

WILLIAM B. EDEY, PRINTING OFFICE

1899

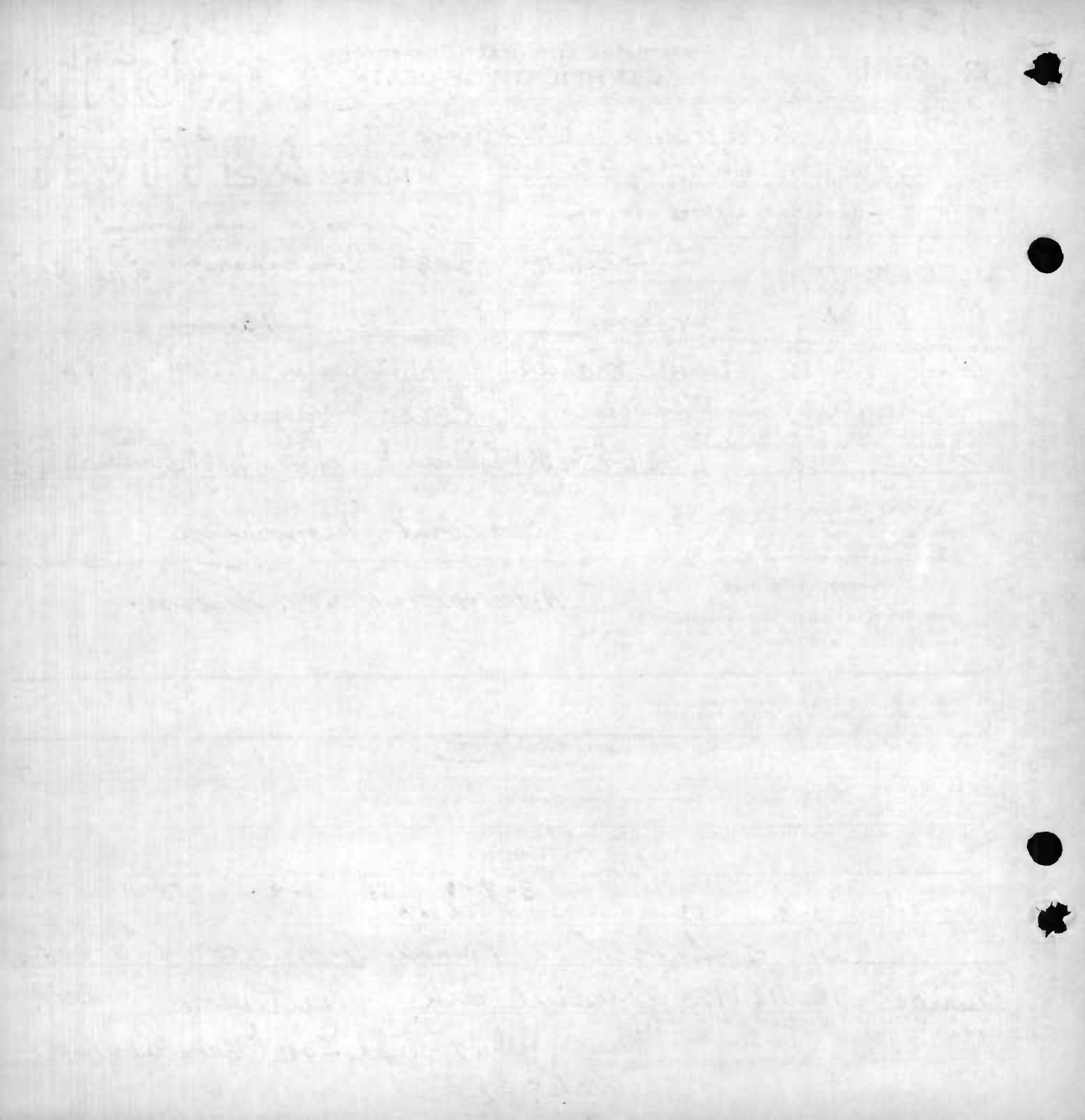
NEW YORK

53 2561

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2561
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Rehbein Charles F.</i>			2. DATE OF DEATH <i>3-9-1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore City Md.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Franklin Square Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 20-07</i>		
c. Length of stay in Baltimore <i>Lifetime</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>2835 Louisiana Av. - 512 Dup. / Holly</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed.</i>	8. DATE OF BIRTH <i>9-21-1880</i>	9. AGE (In years last birthday) <i>72</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Gold Gilder</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Picture Frames</i>		
11. BIRTHPLACE (State or foreign country) <i>MARYLAND - Balto</i>			12. CITIZEN OF WHAT COUNTRY? <i>U. S. A</i>		
13. FATHER'S NAME <i>Charles G. Rehbein (M)</i>			14. MOTHER'S MAIDEN NAME <i>Elisa Wagner</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>			16. SOCIAL SECURITY NO. <i>316-05-0384</i>		
17. INFORMANT <i>Lillian E. Rehbein</i>			ADDRESS <i>2835 Louisiana Ave</i>		
18. <i>422.1</i> CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
(A) <i>Cerebral hemorrhage</i>					
DUE TO					
ANTECEDENT CAUSES					
(B) <i>Arteriosclerotic C. V. disease.</i>					
DUE TO					
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3-8-1953</i> , to <i>3-9-1953</i> , that I last saw the deceased alive on <i>3-9-1953</i> , and that death occurred at <i>2:04 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>S. Schimml</i> M. D.			23B. ADDRESS <i>Franklin Square Hospital</i>		
23C. DATE SIGNED <i>3-9-53</i>					
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Mar 12-1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine Park</i>	
24D. LOCATION (City, town, or county) <i>Baltimore Md</i>					
DATE RECEIVED BY LOCAL REGISTRAR <i>Mar 11 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>John F. Geipel</i> ADDRESS <i>5311 Edmondson Ave</i>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2562
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Catherine Stewart

2. DATE
OF
DEATH

March 10, 1953

3. PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-09

D. STREET ADDRESS (If rural, give location)

4606 Northwood Drive

c. Length of stay in Baltimore

1 YR.

5. SEX

F.

6. COLOR OR RACE

White

7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Oct. 10, 1894

9. AGE (In years last birthday)

58

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SEAMSTRESS (Retired)

10B. KIND OF BUSINESS OR INDUSTRY

U.S.M.C.

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thomas Ford

14. MOTHER'S MAIDEN NAME

Jennie Rider

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

VERONICA HEIDLEN 6603 UPLAND ST. PHILA. PA.

18. 4221

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Anterior wall myocardial infarction
DUE TO disease of cardiac decompensation

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Possible pulmonary embolism
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 10, 1953, to March 10, 1953, that I last saw the deceased alive on March 10, 1953, and that death occurred at 8:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Sgt. J. L. Linn

23B. ADDRESS

M. D. Maryland General Hospital

23C. DATE SIGNED

Mar. 10 '53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/14/53

24C. NAME OF CEMETERY OR CREMATORY

MT. MORIAH

24D. LOCATION (City, town, or county)

PHILADELPHIA

(State)

PA.

DATE RECEIVED BY LOCAL REGISTRAR

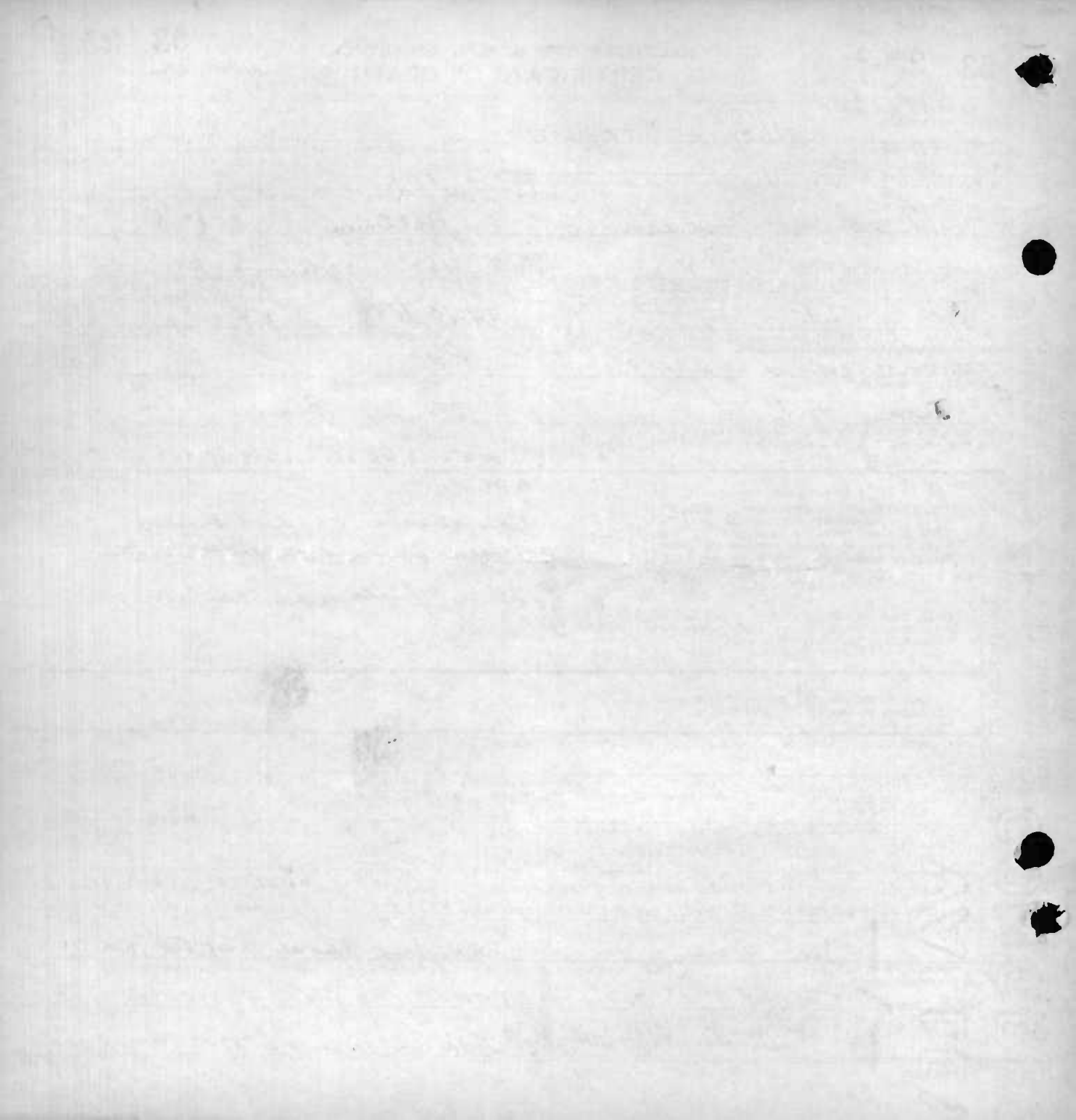
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

JOHN T. STANSBURY 2700 EDMONDSON



53 2563

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Nellie D. O'Neill

2. DATE
OF
DEATH

March 10, 1953

3. PLACE OF DEATH:

W. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Maryland General Hospital

Yrs.
Mos.
DaysC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

10-01

D. STREET ADDRESS (If rural, give location)

1127 Forrest-st.

c. Length of stay in Baltimore

5. SEX

F.

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

Jan. 29, 1889

9. AGE (in years
last birthday)

64

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

never worked

10B. KIND OF BUSINESS OR
INDUSTRY

--

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Edw. O'Neill

14. MOTHER'S MAIDEN NAME

Margaret Hagerty

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

-

16. SOCIAL
SECURITY NO.
none

17. INFORMANT

ADDRESS

Mr. James O'Neill - 5817 Royal Oak Ave.

18. 420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

Hypertensive and arteriosclerosis
cardiovascular disease &
cardiac decompensation
coronary insufficiency

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 23, 1953, to March 10, 1953, that I last saw the
deceased alive on Mar. 10, 1953, and that death occurred at 8:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

E. J. Lin

M. D.

23B. ADDRESS

Md. General Hosp.

23C. DATE SIGNED

Mar. 10, 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/13/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Telfener & Sons

ADDRESS

Balto 17, Md.

L 550

53 2564

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2564
Registered No.

BIRTH NO.		VIRGINIA		2. DATE OF DEATH	
1. NAME OF DECEASED (Type or Print)		EMMA / LOHMAN		March 10, 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		A. STATE Maryland	
b. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)		Baltimore 15-417	
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location)		3314 Elgin Avenue	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 10, 1890	9. AGE (in years last birthday) 62	10. UNDER 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stenographer		10B. KIND OF BUSINESS OR INDUSTRY O. Bowie Duckett	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Robert J. McClayton		14. MOTHER'S MAIDEN NAME Emma Pouders Stevens			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. W. R. McClayton-105 E. Franklin St.		
18. E970.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) Barbiturate poisoning DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 3314 Elgin Avenue	
21D. TIME (Month) (Day) (Year) (Hour) March 10, 1953		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Ingested barbiturate	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>[Signature]</i>		23B. CHIEF MEDICAL EXAMINER... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER... <input type="checkbox"/> MEDICAL INVESTIGATOR... <input type="checkbox"/>		23C. DATE SIGNED March 10, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/12/53		24C. NAME OF CEMETERY OR CREMATORY Lorraine Park	
24D. LOCATION (City, town, or county) (State) Woodlawn, Md.		24E. FUNERAL DIRECTOR M. J. Pickner & Sons		24F. ADDRESS Baltimore, Md.	
24G. DATE RECEIVED BY LOCAL REGISTRAR MARCH 11 1953		24H. REGISTRAR'S SIGNATURE Huntington Williams		24I. M.D. 3508U	
VS 151		N971.0		3508U	

Wm. J. Theobald
April 15, 1904

53 2565

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print)		NONA KIRCHENHOFER		2. DATE OF DEATH Mar. 9, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md.			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3436 Auchentoroly Terrace		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-04			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 3436 Auchentoroly Terr.			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 3, 1870	9. AGE (in years last birthday) 82	If Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Edward Sinclair			14. MOTHER'S MAIDEN NAME Sarah Jenkins		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. J. V. Buckingham - 5312 Florence Ave		

18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Carcinoma of stomach DUE TO (B) Anteriorly located heart disease DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 2	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-22-53, 1953, to March 9, 1953, that I last saw the deceased alive on March 7, 1953, and that death occurred at 11:45 a. m., from the causes and on the date stated above.					
23A. SIGNATURE Alton J. Schuchel		23B. ADDRESS 4111 Liberty St. Bk		23C. DATE SIGNED 3/10/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/11/53		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. LOCATION (State) Baltimore, Md.			
DATE RECEIVED BY LOCAL REGISTRAR MAR 11 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR M. J. Pickner & Sons	
				ADDRESS Barto 17, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

IMMEDIATE CAUSE

UNDERLYING CAUSE

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

PREVIOUS ILLNESS

PREVIOUS SURGERY

PREVIOUS TRAUMA

PREVIOUS DRUGS

53 2566

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2566

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MINNIE FLORENCE WILLHIDE

2. DATE
OF
DEATH

Mar. 8, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

3520 Hilton St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3537 Liberty Heights Ave.

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Sept. 10, 1867

9. AGE (In years
last birthday)

85

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Home

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Howard Davis

14. MOTHER'S MAIDEN NAME

Sarah Chenoweth

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

No

17. INFORMANT

ADDRESS

Mr. Irvin Harman 3537 Liberty Hgts. Ave.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1950, to Mar 8, 1953, that I last saw the
deceased alive on 3/8, 1953 and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/11/53

Druid Ridge Cem.

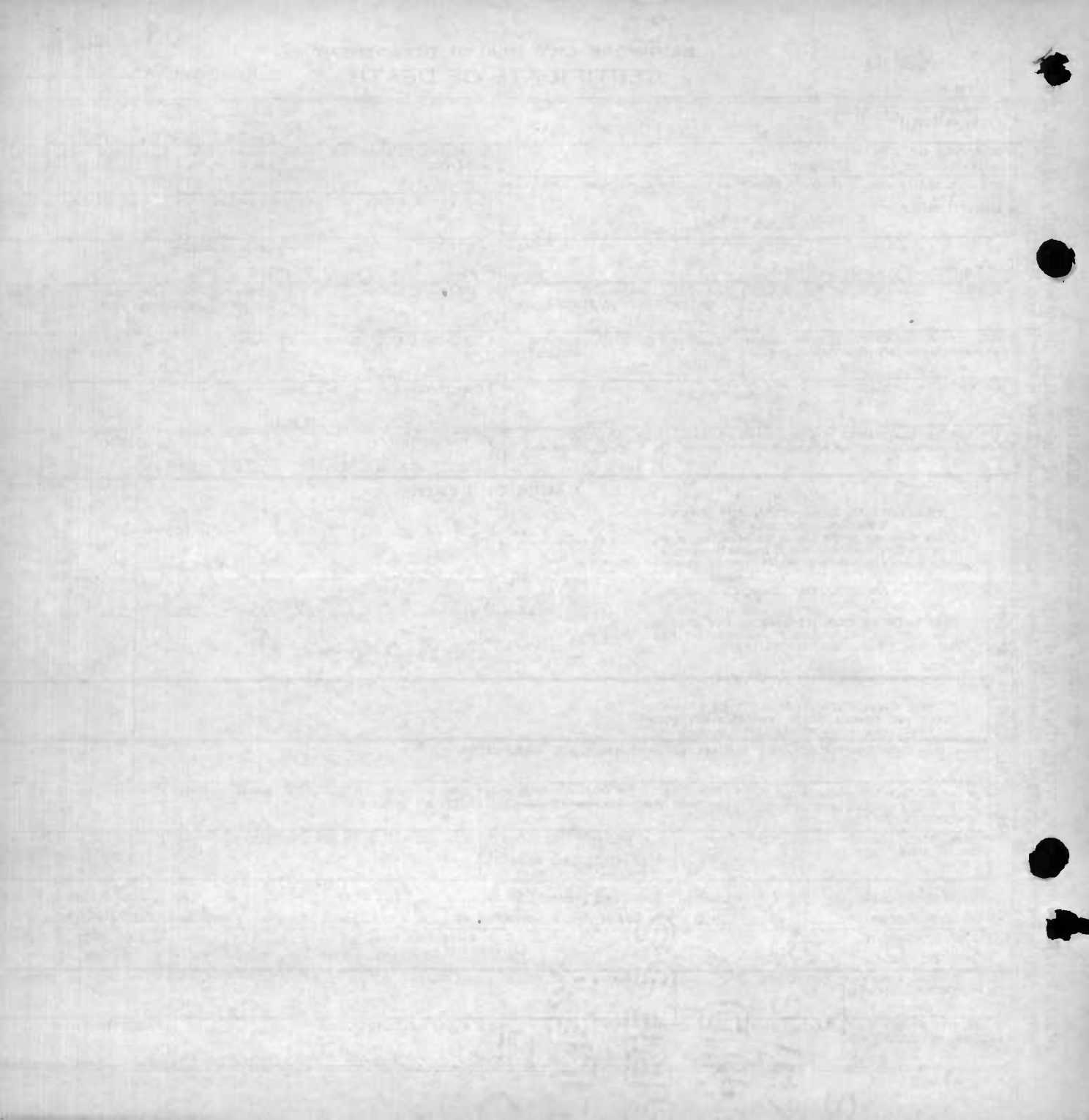
Pikesville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

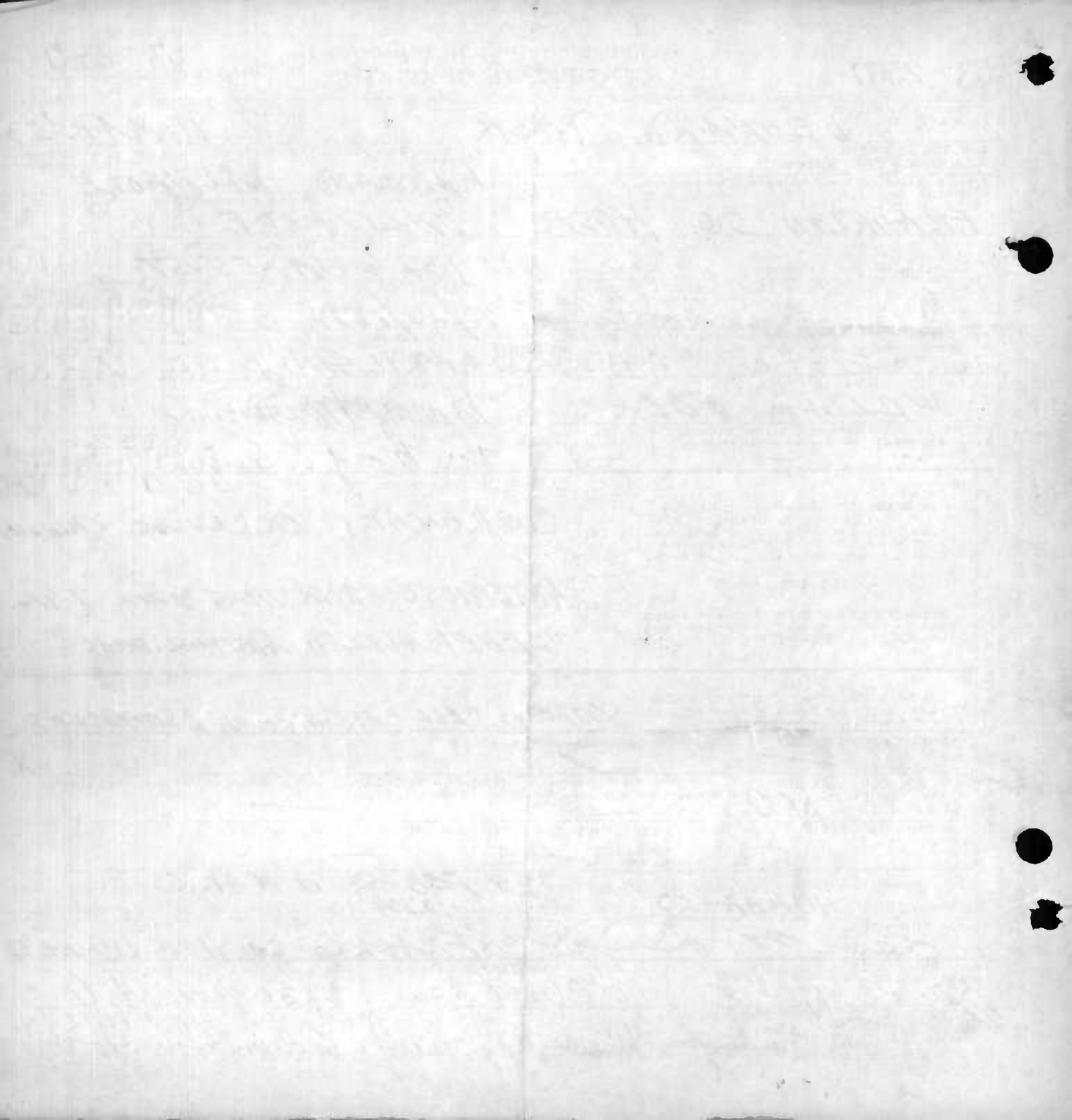


BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2567

53 2567
BIRTH NO.

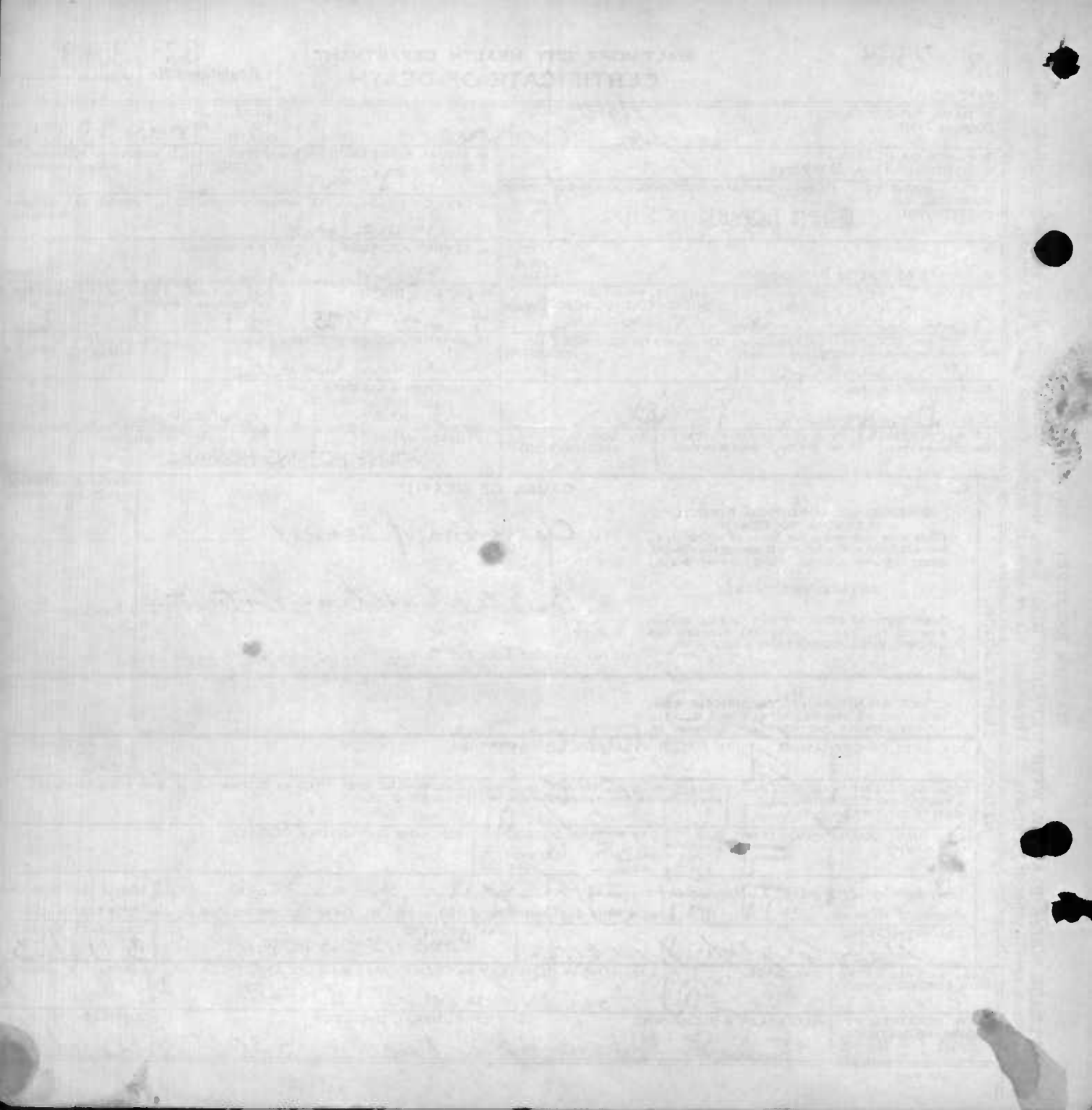
1. NAME OF DECEASED (Type or Print) LEONARD POLK			2. DATE OF DEATH 11 MAR '53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
B. FULL NAME OF HOSPITAL OR INSTITUTION FRANKLIN SQ. HOSP.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 21-02		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1326 JAMES ST.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 10/22/1894		9. AGE (In years last birthday) 58
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Sheet Metal Worker			10B. KIND OF BUSINESS OR INDUSTRY Wm Berger & Sons		11. BIRTHPLACE (State or foreign country) MARYLAND BALTO.
13. FATHER'S NAME WILLIAM POLK			12. CITIZEN OF WHAT COUNTRY? U.S.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -			14. MOTHER'S MAIDEN NAME Mary Manning		
16. SOCIAL SECURITY NO. -			17. INFORMANT Mrs Mary E. Quinn James St.		
18. 420.0 and 150X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY OCCLUSION			INTERVAL BETWEEN ONSET AND DEATH ? MINUTE		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ARTERIOSCLEROTIC HEART DISEASE ? Yr.			DUE TO GENERALIZED ARTERIOSCLEROSIS		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. SQUAMOUS CELL CARCINOMA OF ESOPHAGUS					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH NO	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 24 FEB 1953 to 11 MAR 1953 , that I last saw the deceased alive on 11 MAR 1953 and that death occurred at 12:30 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Leon W. Lane, M.D.		23B. ADDRESS 66 FRANKLIN SQ HOSP		23C. DATE SIGNED 11 MAR 53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/14/53	24C. NAME OF CEMETERY OR CREMATORY Mt Olivet Cem.	24D. LOCATION (City, town, or county) (State) 2930 Frederick Ave		
DATE RECEIVED BY LOCAL REGISTRAR MAR 11 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR John J. Conan & Son		ADDRESS Hollins St.	



53 2568

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2568
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Stelen Morris</i>		2. DATE OF DEATH <i>Mar 10, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Stearford</i>			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>York Rd. 5300</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>4-24-1903</i>	9. AGE (In years last birthday) <i>49</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Pennsylvania</i>	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Dr. James Brishin</i>		14. MOTHER'S MAIDEN NAME <i>Anna Markham</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>171X</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>Carcinoma of cervix</i> DUE TO ANTECEDENT CAUSES (B) <i>Bilateral ureteral obstruction</i> DUE TO (C) <i>Carcinoma</i>					INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2-19</i> , 19 <i>53</i> , to <i>3-10</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>3-10</i> , 19 <i>53</i> , and that death occurred at <i>12-10</i> A. M., from the causes and on the date stated above.					
23A. SIGNATURE <i>Harold M. Baker</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>3/10/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3/11/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>		24D. LOCATION (City, town, or county) (State) <i>BALTO MD</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 11 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>M. J. Ruck</i>		ADDRESS <i>5305 Harford Rd</i>



MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAIN INK, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

400
53 2569

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2569
Registered No.

1. NAME OF DECEASED (Type or Print) Agnes C. Kelly		2. DATE OF DEATH March 10, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1536 East 28th Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1536 East 28th Street	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 29, 1890
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 62
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William Connelly		14. MOTHER'S MAIDEN NAME Sarah	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. Timothy C. Kelly		ADDRESS 1536 E. 28th	
18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Metastatic Carcinoma DUE TO from ANTECEDENT CAUSES Carcinoma Left breast DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		INTERVAL BETWEEN ONSET AND DEATH 8-23-52	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION OCT 6 - 1950		19B. MAJOR FINDINGS OF OPERATION Carcinoma Left breast	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8-23- 1952 , to 3-9- 1953 , that I last saw the deceased alive on 3-9- 1953 , and that death occurred at 5:15 A. m. , from the causes and on the date stated above.			
22A. SIGNATURE William C. Ruck		22B. ADDRESS 2117 Belair Rd	
22C. DATE SIGNED 3-10-53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/13/53	
24C. NAME OF CEMETERY OR CREMATORY Balto National Cem.		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams	
FUNDAL DIRECTOR Leonard J. Ruck		ADDRESS 5305 Harford Road.	

Dr. Milton Lange
2117 Belair Road

6-8

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

53 2570

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM MORRIS

2. DATE OF DEATH March 8, 1953

3. PLACE OF DEATH:
a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Maryland b. COUNTY

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

d. STREET ADDRESS (If rural, give location)
624 Baker Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE
Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
W

8. DATE OF BIRTH

1896

9. AGE (In years last birthday)

57

10. Under 1 Year Months: Days
11. Under 24 Hours Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

laborer

10b. KIND OF BUSINESS OR INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)
Middlesex co Va.

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME

Rebias Morris

14. MOTHER'S MAIDEN NAME

Betty Tuppins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
none

17. INFORMANT ADDRESS
Emma Ransome 2023 Watkins St. S. Phila

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Far advanced pulmonary tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

William J. Lovett

23b. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☐ 23c. DATE SIGNED March 9, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

3/12/53

24c. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24d. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Geo. G. Kelson 1303 Prossman St.

ADDRESS

REPORT OF DEATH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of health officer		17. Signature of coroner		18. Signature of jury	
19. Signature of jury		20. Signature of jury		21. Signature of jury	
22. Signature of jury		23. Signature of jury		24. Signature of jury	
25. Signature of jury		26. Signature of jury		27. Signature of jury	
28. Signature of jury		29. Signature of jury		30. Signature of jury	
31. Signature of jury		32. Signature of jury		33. Signature of jury	
34. Signature of jury		35. Signature of jury		36. Signature of jury	
37. Signature of jury		38. Signature of jury		39. Signature of jury	
40. Signature of jury		41. Signature of jury		42. Signature of jury	
43. Signature of jury		44. Signature of jury		45. Signature of jury	
46. Signature of jury		47. Signature of jury		48. Signature of jury	
49. Signature of jury		50. Signature of jury		51. Signature of jury	
52. Signature of jury		53. Signature of jury		54. Signature of jury	
55. Signature of jury		56. Signature of jury		57. Signature of jury	
58. Signature of jury		59. Signature of jury		60. Signature of jury	
61. Signature of jury		62. Signature of jury		63. Signature of jury	
64. Signature of jury		65. Signature of jury		66. Signature of jury	
67. Signature of jury		68. Signature of jury		69. Signature of jury	
70. Signature of jury		71. Signature of jury		72. Signature of jury	
73. Signature of jury		74. Signature of jury		75. Signature of jury	
76. Signature of jury		77. Signature of jury		78. Signature of jury	
79. Signature of jury		80. Signature of jury		81. Signature of jury	
82. Signature of jury		83. Signature of jury		84. Signature of jury	
85. Signature of jury		86. Signature of jury		87. Signature of jury	
88. Signature of jury		89. Signature of jury		90. Signature of jury	
91. Signature of jury		92. Signature of jury		93. Signature of jury	
94. Signature of jury		95. Signature of jury		96. Signature of jury	
97. Signature of jury		98. Signature of jury		99. Signature of jury	
100. Signature of jury		101. Signature of jury		102. Signature of jury	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2571
Registered No. 53 2571

BIRTH NO. <u>53 2571</u>		1. NAME OF DECEASED (Type or Print) ESTELL STROTHERS		2. DATE OF DEATH 3/10/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY 705 Baker St., Balto., Md.		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 15-01		
c. Length of stay in Baltimore 36 yrs. Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 705 Baker St.		
5. SEX Female	6. COLOR OR RACE as	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 1/24/1896	9. AGE (In years last birthday) 57 yrs.	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Fredericksburg, Va.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME Emily Johnson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. none		
17. INFORMANT			ADDRESS 705 Lincoln Strotchers - Baker		

18. 442x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) NEPHROCLEROSIS (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 1
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. HYPERTENSIVE CARDIOVASCULAR DISEASE (B) DUE TO WRENIE (C)		1
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Mar. 8, 1953 , to Mar. 10, 1953 , that I last saw the deceased alive on Mar. 10, 1953 , and that death occurred at 12:40 a.m. , from the causes and on the date stated above.		
23A. SIGNATURE J. K. Williams	23B. ADDRESS 1222 N. Caroline St. M. D.	23C. DATE SIGNED 3-11-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/13/53	24C. NAME OF CEMETERY OR CREMATORY Mt Auburn
24D. LOCATION (City, town, or county) (State) Balto. Md.		
DATE RECEIVED BY LOCAL REGISTRAR MAR 11 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wesley D. Kelson ADDRESS 1303 Presstman St.

STATE OF NEW YORK
CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH		PLACE OF DEATH	
CAUSE OF DEATH		MANNER OF DEATH		OCCUPATION		EDUCATION		RELIGION		MARITAL STATUS	
SIGNATURE OF DECEASED		SIGNATURE OF WITNESS		SIGNATURE OF PHYSICIAN		SIGNATURE OF CLERGYMAN		SIGNATURE OF JUDGE		SIGNATURE OF CORONER	
DATE OF BIRTH		DATE OF DEATH		DATE OF BURIAL		DATE OF INTERMENT		DATE OF CREMATION		DATE OF EXHUMATION	
PLACE OF BIRTH		PLACE OF DEATH		PLACE OF BURIAL		PLACE OF INTERMENT		PLACE OF CREMATION		PLACE OF EXHUMATION	
CITY OF DEATH		COUNTY OF DEATH		STATE OF DEATH		CITY OF BURIAL		COUNTY OF BURIAL		STATE OF BURIAL	
CITY OF INTERMENT		COUNTY OF INTERMENT		STATE OF INTERMENT		CITY OF CREMATION		COUNTY OF CREMATION		STATE OF CREMATION	
CITY OF EXHUMATION		COUNTY OF EXHUMATION		STATE OF EXHUMATION		CITY OF DEATH		COUNTY OF DEATH		STATE OF DEATH	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-500
53 2572
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
53 2572
Registered No.

BIRTH NO.

1. NAME OF DECEASED
 (Type or Print) **John Dunn**

2. DATE OF DEATH
3/7/53

3. PLACE OF DEATH:
 a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION
 (If not in hospital or institution, give street address or location)
University Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
 a. STATE **Maryland**
 b. COUNTY **Baltimore**

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

d. STREET ADDRESS (If rural, give location)
644 W. Saratoga St.

c. Length of stay in Baltimore
45 YEARS

5. SEX
Male

6. COLOR OR RACE
Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
SEPARATED

8. DATE OF BIRTH
3/8/1878

9. AGE (In years last birthday)
74

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
JANITOR

10b. KIND OF BUSINESS OR INDUSTRY
DEPT. OF EDUCATION

11. BIRTHPLACE (State or foreign country)
EASTERN SHORE, MD.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME
JOHN DUNN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
 (Yes, no or unknown) **NO**

16. SOCIAL SECURITY NO.
NONE

17. INFORMANT
LEON DUNN(S) 721 1/2 MULBERRY ST

18. CAUSE OF DEATH
420.1 and E900.0
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
Coronary Artery Sclerosis
 (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES
Acute alcoholism
Lacerations of scalp & cerebral commotion

19a. DATE OF OPERATION
3-7-53

19b. MAJOR FINDINGS OF OPERATION
home

20. AUTOPSY?
 YES ☒ NO ☐

21a. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
home

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
644 W. Saratoga St.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY
3-7-53

21e. INJURY OCCURRED
 WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?
fell down stairs while intoxicated

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23a. SIGNATURE
John Dunn

23b. CHIEF MEDICAL EXAMINER
CHAS. G. COOPER

23c. DATE SIGNED
3/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24b. DATE
3/11/53

24c. NAME OF CEMETERY OR CREMATORY
MT. AUBURN CEM.

24d. LOCATION (City, town, or county) (State)
BALTO. MD.

DATE RECEIVED BY LOCAL REGISTRAR
MAR 11 1953

REGISTRAR'S SIGNATURE
Huntington Williams

25. FUNERAL DIRECTOR
CHAS. G. COOPER

ADDRESS
512 CARROLLTON AV.

V S 151
N 853.2
7708V
Charles G. Cooper

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2573
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MARY JONES TRIPP(DOBINS)			2. DATE OF DEATH 3/7/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY _____		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 831 HARLEM AVE			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 831 HARLEM AVE		
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 11/6/1906		9. AGE (In years last birthday) 46
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAID		10B. KIND OF BUSINESS OR INDUSTRY DEPT. STORE	11. BIRTHPLACE (State or foreign country) BALTO. MD.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME CHARLES JONES			14. MOTHER'S MAIDEN NAME MARY JOHNSON		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 215-10-9035		17. INFORMANT ADDRESS JENNIE JONES-519 CALHOUN ST.	

18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Cause of Death</i> DUE TO (B) <i>Metastasis</i> DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>2 years</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION <i>Cause of Death</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Feb 2</i> , 19 <i>52</i> , to <i>March 7</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>2-7</i> , 19 <i>52</i> , and that death occurred at <i>11.20 P</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>Charles Wordell</i>		23B. ADDRESS <i>861 Harlem St</i>		23C. DATE SIGNED <i>3-10-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 3/12/53		24C. NAME OF CEMETERY OR CREMATORY MT. CALVARY CEM.	
24D. LOCATION (City, town, or county) (State) A.A. COUNTY, MD.		24E. FUNERAL DIRECTOR CHAS. G. COOPER-512 CARROLLTON AV.			
DATE RECEIVED BY LOCAL REGISTRAR MAR 11 1953		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		ADDRESS 7208C Charles G. Cooper	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

MEMORANDUM

TO : DIRECTOR

FROM : SAC, NEW YORK

SUBJECT: [Illegible]

DATE: [Illegible]

RE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

53 2574

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2574

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RUFUS

WILLIAMS

2. DATE
OF
DEATH

March 9, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

656 W. Mulberry Street

c. Length of stay in Baltimore

10 Yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1901

9. AGE (In years
last birthday)

52

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Hodcarrier

10B. KIND OF BUSINESS OR
INDUSTRY

Bricklaying

11. BIRTHPLACE (State or foreign country)

Manning, S.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Peggie Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

W.W.I

16. SOCIAL
SECURITY NO.

217-22-2062

17. INFORMANT

ADDRESS

Leon Gamble - 1004 Leadenhall St.

18. 451X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Dissecting aneurysm of aorta

XXXXX

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Massive intrathoracic hemorrhage

DUE TO

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
m. WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23b. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR

23c. DATE SIGNED

March 9, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

3/11/53

24C. NAME OF CEMETERY OR CREMATORY

Kingstree

24D. LOCATION (City, town, or county)

S.C.

(State)

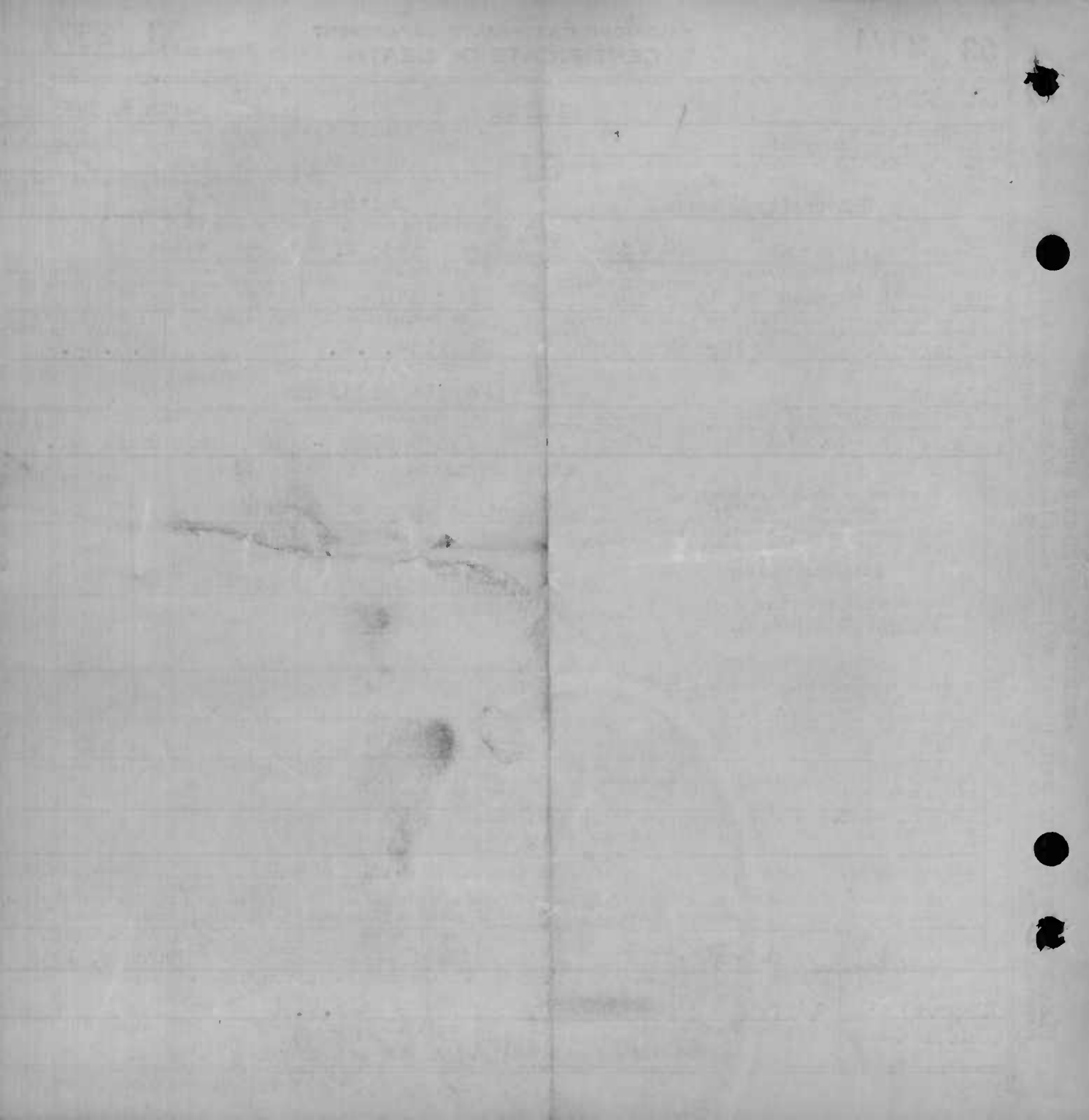
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

970 24 108 W. Montgomery St



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2575BIRTH NO. 53 25751. NAME OF DECEASED
(Type or Print)NANNIE M. THURMAN2. DATE
OF
DEATH3/10/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

MD

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

315 S. BAYLIS ST

C. CITY OR TOWN (If outside corporate limits, write full name and township)

BALTIMORE26-08

D. STREET ADDRESS (If rural, give location)

315 S. BAYLIS ST

c. Length of stay in Baltimore

30 years

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

SEPT. 5, 1891

9. AGE (In years last birthday)

61

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

AT HOME

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

VIRGINIA

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

OSCAR FARIS

14. MOTHER'S MAIDEN NAME

VIRGINIA QUICK

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

ARTHUR H. THURMAN 315 S. BAYLIS ST18. 420.1 and 260X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Coronary Thrombosis May 19 1951

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

1951II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.Diabetes Mellitus1948

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 19 1951, to Mar 10 1953 that I last saw the deceased alive on Mar 10 1953 and that death occurred at 5P. m., from the causes and on the date stated above.

23A. SIGNATURE

Edward Blochman

M. O.

23B. ADDRESS

3426 Beach 6

23C. DATE SIGNED

Mar 11 53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL3/13/53MEADOW RIDGE MEM. PKDORSEYMD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 11 1953Huntington WilliamsBlanche F. Hoffmann 1639 Broadway

DEPARTMENT OF HEALTH

NEW YORK CITY HEALTH DEPARTMENT

DEPARTMENT OF HEALTH

NEW YORK CITY HEALTH DEPARTMENT

DEPARTMENT OF HEALTH

NEW YORK CITY HEALTH DEPARTMENT

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NEW YORK CITY HEALTH DEPARTMENT

DEPARTMENT OF HEALTH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2576

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Paul E. Keontz

2. DATE
OF

DEATH March 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

814. Cater Ave.

Yrs.
Mos.
Days

c. Length of stay in Baltimore Life

5. SEX

Male

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Civil Engineer

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

John Keontz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

WWF

16. SOCIAL
SECURITY NO.

82

8. DATE OF BIRTH

Oct. 20, 1891

9. AGE (In years
last birthday)

61

11 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Matilida Smith

17. INFORMANT

Evelyn Keontz

ADDRESS

814 Cater Ave.

CAUSE OF DEATH

18. 422.2

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute Cardiac Dilatation

1/2 hr.

DUE TO Bronchial Asthma

6 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Chronic Myocarditis

1 yr.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 14, 1953 to Mar. 10, 1953, that I last saw the
deceased alive on Mar. 10, 1953, and that death occurred at 6:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Lloyd E. Saylor

M. D.

23B. ADDRESS

3902 Greenmount

23C. DATE SIGNED

Mar. 11, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 13-53

24C. NAME OF CEMETERY OR CREMATORY

Arlington National

24D. LOCATION (City, town, or county)

Washington D.C.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John A. Moran 3000 E. Balto. St.

ADDRESS

for M M 11

11/11/11

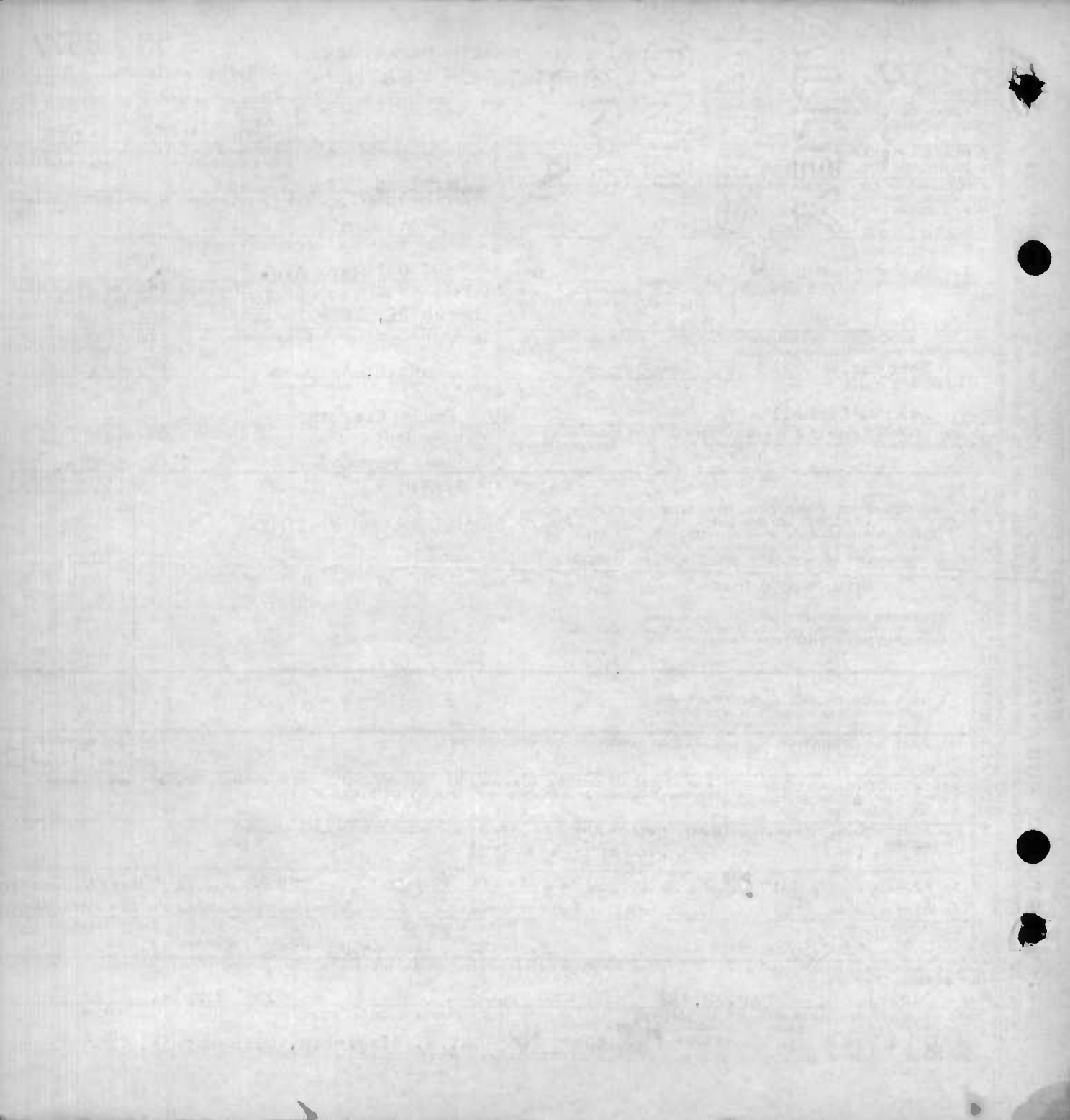
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2577

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EMMA HAYWOOD			2. DATE OF DEATH MARCH 9, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY AA		
B. FULL NAME OF HOSPITAL OR INSTITUTION SOUTH BALTIMORE GENERAL HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glen Burnie		
c. Length of stay in Baltimore Yrs. 43 Mos. 5 Days 200			D. STREET ADDRESS (If rural, give location) 505 Delaware Ave.		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH March 29, 1899	9. AGE (in years last birthday) 53	10. Under 1 Year Months 1 Days 24 Hours 1 Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10B. KIND OF BUSINESS OR INDUSTRY own Home		11. BIRTHPLACE (State or foreign country) Mobile, Alabama
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME John O'Donnell		
14. MOTHER'S MAIDEN NAME Annie Kiernan			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT Leo Haywood		
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CEREBRAL HEMORRHAGE DUE TO HYPERTENSIVE CARDIO-VASCULAR DISEASE DUE TO 10 YEARS			INTERVAL BETWEEN ONSET AND DEATH 1 DAY		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION NONE			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?			22. I hereby certify that I attended the deceased from MARCH 9, 1953 , to MARCH 9, 1953 , that I last saw the deceased alive on MARCH 9, 1953 , and that death occurred at 11:57 P.m. , from the causes and on the date stated above.		
23A. SIGNATURE W. M. Conway			23B. ADDRESS South Baltimore Genl Hosp		
23C. DATE SIGNED			24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		
24B. DATE Mar. 12, '53			24C. NAME OF CEMETERY OR CREMATORY Glen Haven		
24D. LOCATION (City, town, or county) (State) Glen Burnie, AA			25. FUNERAL DIRECTOR R. V. Singleton, Glen Burnie, Md.		
DATE RECEIVED BY LOCAL REGISTRAR MAR 11 1953			REGISTRAR'S SIGNATURE Huntington Williams, M.D.		



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2578

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HEEDE, CHRISTIAN

2. DATE
OF
DEATH

3-8-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

UNIVERSITY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

1722 Linden Ave. Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Md.

D. STREET ADDRESS (If rural, give location)

1722 Linden Ave. 14-01

c. Length of stay in Baltimore

LIFE

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JULY 21-1889

9. AGE (In years
last birthday)

63

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

INTERIOR DECORATOR

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTO. MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

?

SEAVIA

14. MOTHER'S MAIDEN NAME

CHRISTINA MEYERS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

216-09-7946

17. INFORMANT

ADDRESS

JEAN HEEDE-1722 LINDEN AVE.

18. 199.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) METASTATIC CARCINOMA
DUE TO TO BRAIN + PLEURA

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 2-25-53, to 3-8-53, 1953, that I last saw the
deceased alive on 3-8-53, 1953 and that death occurred at 5 P m., from the causes and on the date stated above.

23A. SIGNATURE

Harry M. Walsh, D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

3-8-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

2/13/53

24C. NAME OF CEMETERY OR CREMATORY

ST. PETERS

24D. LOCATION (City, town, or county)

BALTO. MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

35. FUNERAL DIRECTOR

ADDRESS

MAR 11 1953

Huntington Williams, M.D.

J. J. C. Inc, 1217 St. Paul St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. If not fully supplied, mark with an X. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2579

BIRTH NO.

1. NAME OF DECEASED (Type or Print) L. BERNARD TEARNEY		2. DATE OF DEATH MARCH 10, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland MERCY HOSPITAL		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE	
5. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE #18 12-02	
C. Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 3043 GUILFORD AVENUE	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 21, 1881
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DENTIST		10B. KIND OF BUSINESS OR INDUSTRY OWN PRACTICE	
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME MICHAEL TEARNEY		14. MOTHER'S MAIDEN NAME SARAH DOUGHERTY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. -	
17. INFORMANT SALLY E. TEARNEY, 3043 GUILFORD AVE.		ADDRESS	
18. 420.0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) ACUTE MYOCARDIAL INFARCTION 54 HOURS DUE TO ANTECEDENT CAUSES (B) ARTERIOSCLEROTIC HEART DISEASE SEV. yrs. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 8 , 19 53 , to March 10 , 19 53 , that I last saw the deceased alive on March 10 , 19 53 , and that death occurred at 8:05 P.M. , from the causes and on the date stated above.			
23A. SIGNATURE Victoria L. Palanca		23B. ADDRESS Mercy Hospital	
23C. DATE SIGNED 3/10/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 3/13/53	
24C. NAME OF CEMETERY OR PLACE OF BURIAL NEW CATHEDRAL		24D. LOCATION (City, town, or county) (State) BALTIMORE MARYLAND	
DATE RECEIVED BY LOCAL REGISTRAR MAR 11 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Wm. Cook, Inc., 1217 ST. PAUL ST.		ADDRESS	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2580

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ella P. SiscoKy

2. DATE
OF
DEATH

3/10/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

749 McHenry st.

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

7/25/1875

9. AGE (In years

last birthday)

77

If Under 1 Year

Months: Days

If Under 24 Hours

Hours Min.

7 15

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF

WHAT COUNTRY?

13. FATHER'S NAME

Theodore Henrickle

14. MOTHER'S MAIDEN NAME

Emma Coleman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

Theresa Chick 633 Wyeth St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN

ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary occlusion

Sudden.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertension

10-15 yrs

(C)

Arteriosclerosis

10-15 yrs

Obesity

10-15 yrs

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19, to 3-10-53, 19, that I last saw the
deceased alive on 3-7-53, 19, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 11 1953

Thurston Williams, M.D. Cook Inc. 1217 St. Paul St

STATE OF NEW YORK
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

(1)

Bottley

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2581

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Bottley

2. DATE
OF
DEATH

3/5/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Lincoln Hospital
27. N. Carey St.

C. CITY OR TOWN (If outside corporate limits, write FULL and give township)

Baltimore 18

D. STREET ADDRESS (If rural, give location)

27. N. Carey St.

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

1890

9. AGE (In years,
last birthday)

80

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Records

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

Myocardial Failure

DOE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Generalized Arteriosclerosis

DOE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 12, 1963, to March 5, 1963, that I last saw the deceased alive on March 5, 1963, and that death occurred at 9:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Garbert L. Bumpkin

23B. ADDRESS

722 N. Fulton Ave

23C. DATE SIGNED

3/7/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/11/53

24C. NAME OF CEMETERY OR CREMATORY

mt Zion

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

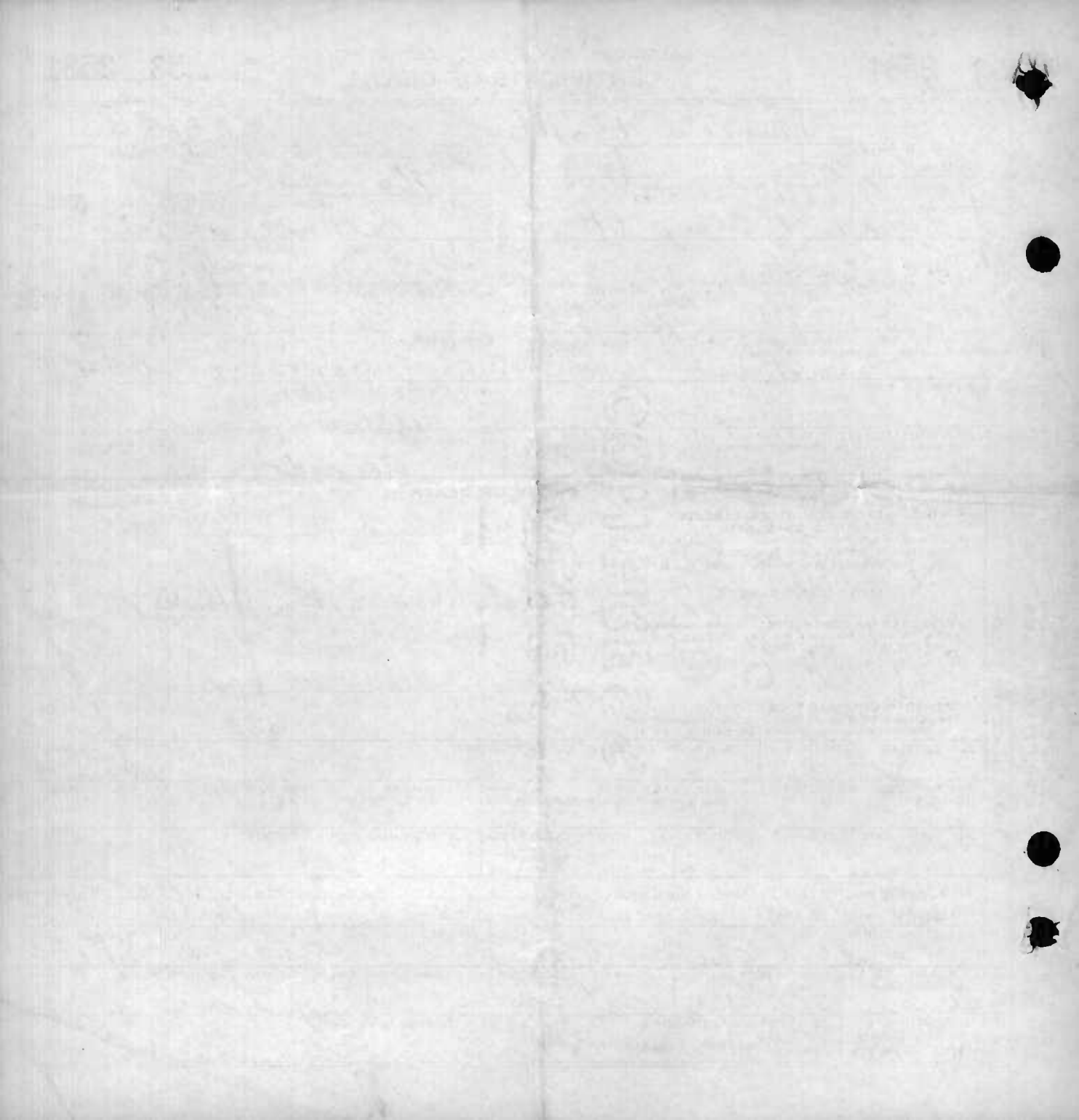
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Charles A. Rice 661 W. Barne St.

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Augusta M. Meyer

2. DATE
OF
DEATH

March 9, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4000 Fairhaven Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4000 Fairhaven Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 27, 1894

9. AGE (In years
last birthday)

59yrs.

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Carl Lux

14. MOTHER'S MAIDEN NAME

Wilhelmina Baldman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

none

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Otto C. Meyer 4000 Fairhaven Ave.

18. 260X and 170X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Myocardial Insufficiency

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerosis, Myocarditis
Diabetes, Mellitus

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

About 10 yrs ago

Carcinoma - Prostate

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 2/27, 1953, to 3/7, 1953, that I last saw the
deceased alive on 3/6, 1953, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John A. Schenck

M. D.

23B. ADDRESS

1337 S. Charles St.

23C. DATE SIGNED

3/11/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 13, 1953

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cemetery

24D. LOCATION (City, town, or county)

Ritchie Highway Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

KRAUSE FUNERAL HOME 1216 S. Charles St.

Balto. 30

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2583

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ruhlemann, William Frederick

2. DATE
OF

DEATH March 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

19 N. Clinton Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10-10-80

9. AGE (In years last birthday)

72

If Under 1 Year

Months

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Coppersmith

10B. KIND OF BUSINESS OR INDUSTRY

B.H. Hullward & Son

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

Prussian

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Wm. C. Ruhlemann 4409 Arabia Ave

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion

DUPLICATE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic cardiovascular

disease

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Bronchopneumonia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 3, 1953 to March 10, 1953 that I last saw the deceased alive on March 10, 1953 and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

R. Greimel

23B. ADDRESS

1100 N. Caroline Street

23C. DATE SIGNED

March 10, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-13-53

24C. NAME OF CEMETERY OR CREMATORY

Mourland Memorial Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 11 1953 Huntington Williams, M.D.

Lilly & Zilberstein 403 S. Wolf St

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George, Edward Carmen, Sr.

2. DATE
OF
DEATH

March 8, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

418 N. Belnord Avenue

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

12-23-82

9. AGE (In years

last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Order Clerk

10B. KIND OF BUSINESS OR INDUSTRY

Cemer. Store Washers

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Louisia A. Carmen - 2137 N. Belnord Ave

18. 451X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) Retriapentoneal Haemorrhage 12 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Ruptured aneurysm of

DUE TO

(C) abdominal aorta - arteriosclerotic

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐ WORKNOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 8, 1953, to March 8, 1953, that I last saw the deceased alive on March 8, 1953, and that death occurred at 3:40 pm., from the causes and on the date stated above.

23A. SIGNATURE

J. O. Neill

23B. ADDRESS

M. D. 1100 N. Caroline St.

23C. DATE SIGNED

March 8, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-14-53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore -

24D. LOCATION (City, town, or county)

Baltimore - Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Lilly & Ziller - 403 S. Wolf St.

1005 83

UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

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Washington, D.C.

1005 83

UNITED STATES DEPARTMENT OF AGRICULTURE

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UNITED STATES DEPARTMENT OF AGRICULTURE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2585
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM LUSK

2. DATE
OF
DEATH

March 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

Baltimore City Hospitals

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

6621 O'Donnell St

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

1-11-58

9. AGE (In years
last birthday)

63

11 Under 1 Year

Months: Days

12 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

William F. Lusk

14. MOTHER'S MAIDEN NAME

Frances Fucker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT
ADDRESS
Marie Rose 676 Phoebe Ln

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary Artery
Disease

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

none

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Francis J. Januszewski

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

3-10-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3-14-53

24C. NAME OF CEMETERY OR CREMATORY

Secord Heights Mon, Balto Md

24D. LOCATION (City, town, or county)

State

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Lilly & Ziebach 403 S. J.

ADDRESS

MAR 11 1953

2064

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11-31-31
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2586
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*John W. Halen*2. DATE
OF
DEATH*March 10, 1953*
5:45 P.M.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)*Maryland* *Balt.*B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)*Little Sisters of the Poor*C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)*Baltimore* *10-01*

D. STREET ADDRESS (If rural, give location)

1200 Valley St

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Widowed*

8. DATE OF BIRTH

*April 6, 1886*9. AGE (in years
last birthday)*66*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Janitor*10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Balt.*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

*Thomas W. Halen**B. C.*

14. MOTHER'S MAIDEN NAME

*Mary Gallagher*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Little Sisters of the Poor*18. *420.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Coronary Thrombosis*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Arterio-Sclerosis*
DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH*1 day*
*5 yrs*OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *March 1*, 19*53*, to *March 10*, 19*53*, that I last saw the
deceased alive on *March 10*, 19*53*, and that death occurred at *5:45 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

E. Gell Hall M.D.

23B. ADDRESS

1631 E North Ave

23C. DATE SIGNED

*March 11-53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*Burial**Mar. 12/53**Cathedral**Baltimore**Huntington Williams, M.D.**Rita Weedenfeld 906 E. Redd St**MAR 11 1953*

53 2587

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2587

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Mary Charlotte Meredith			2. DATE OF DEATH March 9, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 4509 Arabia Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 4509 Arabia Ave.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH Apr. 30, 1879	9. AGE (in years last birthday) 73	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At. Home	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME HENRY SCHUMACHER			14. MOTHER'S MAIDEN NAME Mary		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS 24 Mrs. Ruth M. Schulze-27 S. Ellwood Ave		

18. **420.1**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) **Coronary Occlusion**
DUE TO
(B) **Arterio-Sclerosis**
DUE TO
(C) **Hypertension**

INTERVAL BETWEEN ONSET AND DEATH

Immediately
18 years
15 years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 01		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY None		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan , 1947, to 3-9 , 1953, that I last saw the deceased alive on March 5, 1953 , and that death occurred at 10 A.m. , from the causes and on the date stated above.					
23A. SIGNATURE L. J. Eaddy		23B. ADDRESS 5106 Harford Road		23C. DATE SIGNED 3-10-53	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/12/53	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore Md.
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DATE RECEIVED BY LOCAL REGISTRAR MAR 21 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC North Ave. & Broadway-13 Baltimore Md.
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CERTIFICATE OF DEATH

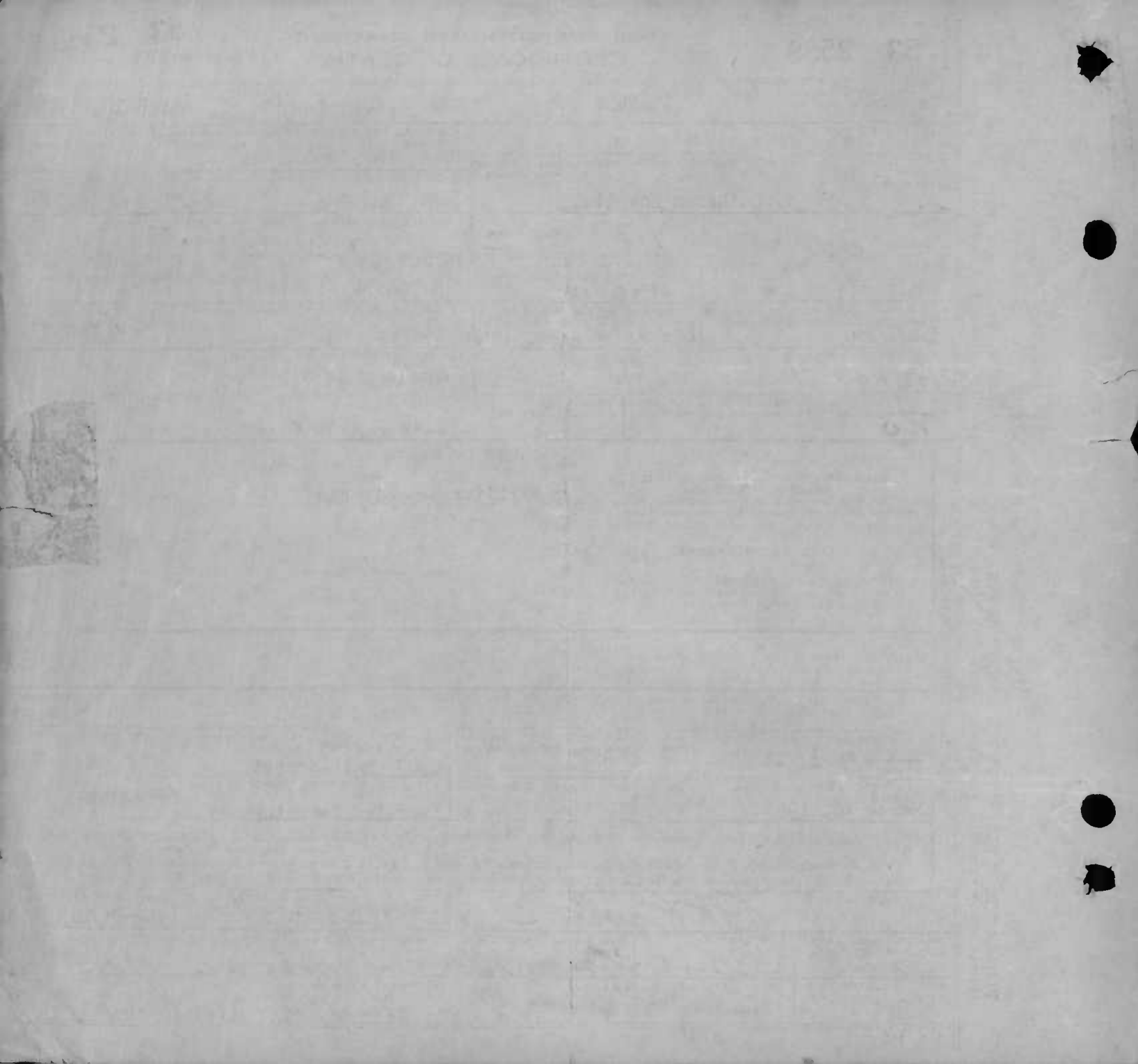
MAILED
JUN 10 1964
FBI
RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 2588 Registered No.	
BIRTH NO.				53 2588	
1. NAME OF DECEASED (Type or Print)			STANLEY WIENER (WEINER)		2. DATE OF DEATH March 10, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 28-02		
C. Length of stay in Baltimore 10 Yrs. Mon. Day			D. STREET ADDRESS (If rural, give location) 4307 Main Street AVE		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH March 2, 1916	9. AGE (In years last birthday) 37	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER			10B. KIND OF BUSINESS OR INDUSTRY Ladies Apparel Shop		11. BIRTHPLACE (State or foreign country) Phil. Pa.
13. FATHER'S NAME ABR944M			14. MOTHER'S MAIDEN NAME MINNY		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO.		
17. INFORMANT LILLIAN F. WEINER -			ADDRESS S9ME		
18. E970.2 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Barbiturate poisoning DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home		
21C. WHERE DID INJURY OCCUR? 4307 Main Street			21D. TIME (Month) (Day) (Year) (Hour) March 10, 1953		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			21F. HOW DID INJURY OCCUR? Ingested barbiturate		
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. Fisher			23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		
23C. DATE SIGNED March 10, 1953					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 3/13/1953		
24C. NAME OF CEMETERY OR CREMATORY Sharon Memorial			24D. LOCATION (City, town, or county) (State) Sharon MASS.		
DATE RECEIVED BY LOCAL REGISTRAR MART 21 1953			REGISTRAR'S SIGNATURE Huntington Williams, M.D.		
FUNERAL DIRECTOR Junk Lewis Inc			ADDRESS 2100 Eutaw PL		
VS 151 N971.0 2906E					



AB-141554

53 2589

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2589
Registered No.

1. NAME OF DECEASED (Type or Print) Adolph Wilchinski			2. DATE OF DEATH 3-10-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-12		
C. Length of stay in Baltimore 46yrs			D. STREET ADDRESS (If rural, give location) Baltimore City Hospitals-4940 Eastern Ave.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 6-15-1877		9. AGE (In years last birthday) 75 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAILOR		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Lithuania	
13. FATHER'S NAME John		16. SOCIAL SECURITY NO. 219-18-7104		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 219-18-7104		14. MOTHER'S MAIDEN NAME Stanko (Stenko)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			17. INFORMANT ADDRESS Baltimore City Hospitals Records: 4940 Eastern Ave.		
18. 199.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Terminal Cancer of Chest, constricting Oesophagus			INTERVAL BETWEEN ONSET AND DEATH Approximately		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(A) DUE TO		
			(B) DUE TO		
			(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 3-6-1953			19B. MAJOR FINDINGS OF OPERATION Constriction of Oesophagus		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-11 , 19 50 , to 3-10 , 19 53 that I last saw the deceased alive on 3-10 , 19 53 , and that death occurred at 3:25 AM from the causes and on the date stated above.					
23A. SIGNATURE H. J. Henderson			23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 3-10-1953
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 3-13-53	24C. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER BELAIR RD.		24D. LOCATION (City, town, or county) (State) MD.
DATE RECEIVED BY LOCAL REGISTRAR MAR 12 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR CHARLES W. KRCHUSKAS, 703 McHENRY	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

53 2590

53 2590

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

LILLY NARESKY

2. DATE
OF
DEATH

MARCH 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

700 REEDBIRD AVE.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

BALTIMORE -30- 25-3 ✓

D. STREET ADDRESS (If rural, give location)

700 REEDBIRD AVE.

C. Length of stay in Baltimore

56
8 Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

JULY 11, 1896

9. AGE (In years
last birthday)

56

If Under 1 Year
Months: Days

8

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

INVALID

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

ANTHONY NARESKY

14. MOTHER'S MAIDEN NAME

CONSTANTINA SAUKAITIS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

CONSTANTINA AMOTIES 700 REEDBIRD AVE.

18. 174X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Carcinoma of Uterus

DUE TO

(B)

Imbecility

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.INTERVAL BETWEEN
ONSET AND DEATH

1 year

56 years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Imbecility -

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1953, to March 11, 1953, that I last saw the
deceased alive on March 1, 1953 and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Paul Schuff

23B. ADDRESS

7361 Amundson

23C. DATE SIGNED

3/11/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Mar. 12 1953

24C. NAME OF CEMETERY OR CREMATORY

Most Holy Redeemer

24D. LOCATION (City, town, or county)

Belair

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Charles W. Pachanski

ADDRESS

783 9th Street

CERTIFICATE OF DEATH

1/20/01

William J. Brown

Residence

1/20/01

Death

1/20/01

1/20/01

1/20/01

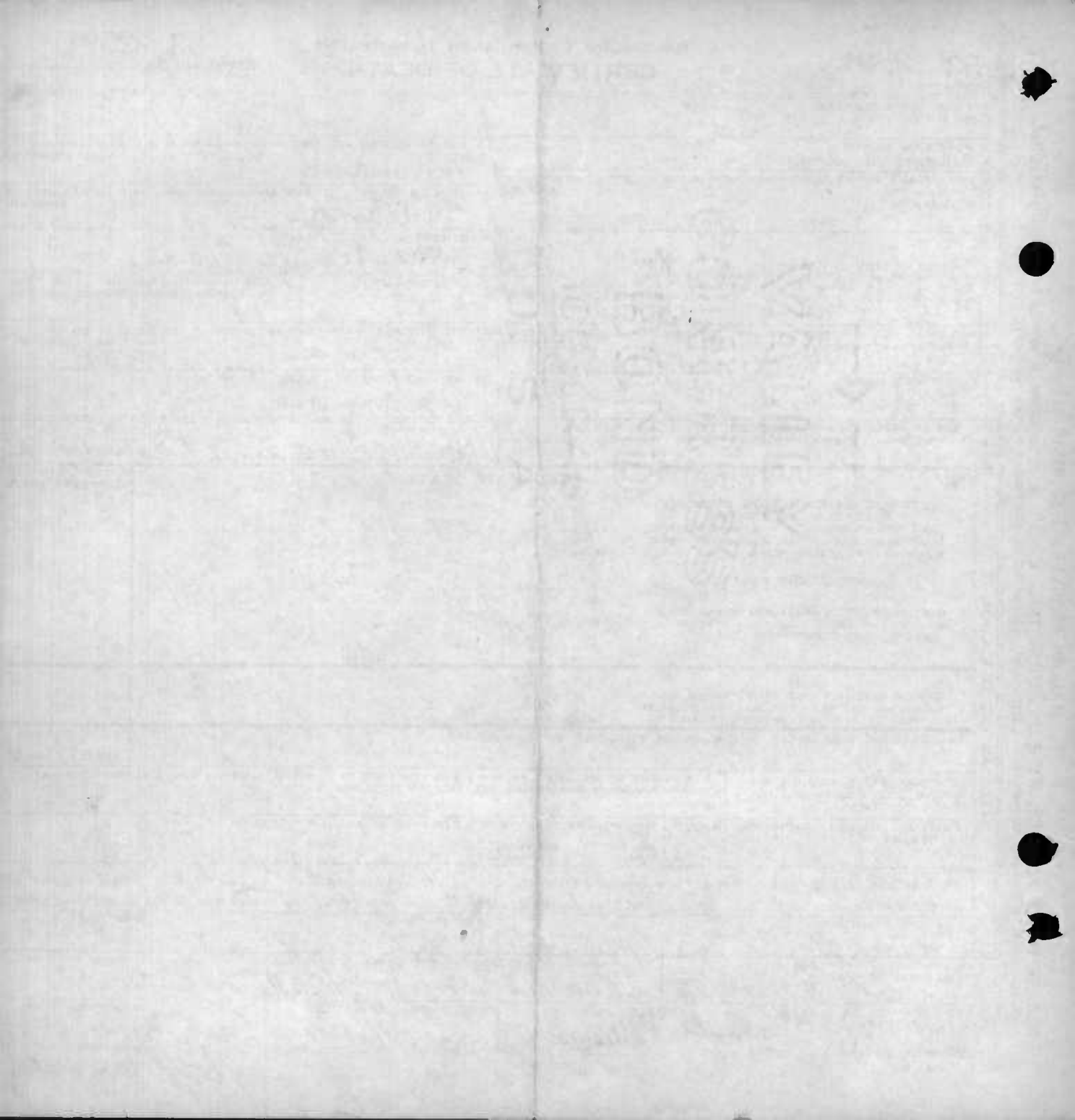
KOPELNIK
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2591
Registered No.

53 2591
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Meyer Kopelnick</u>			2. DATE OF DEATH <u>3/11/53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Sinai Hospital of Baltimore, Inc.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 15-1</u>		
C. Length of stay in Baltimore <u>60 yrs.</u> Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <u>3500 Reisterstown Road</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>1875</u>		9. AGE (in years last birthday) <u>77</u> If Under 1 Year: Months: _____ Days: _____ If Under 24 Hours: Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Proprietor (Retail) Grocery Store</u>			11. BIRTHPLACE (State or foreign country) <u>Russia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Unknown</u>			14. MOTHER'S MAIDEN NAME <u>Unknown</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>Allen Kopelnick - 3500 Reisterstown Rd</u>		

18. <u>420.0</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <u>Cerebral Hemorrhage</u> DUE TO				INTERVAL BETWEEN ONSET AND DEATH <u>15 hours</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <u>Hypertensive - Arteriosclerotic</u> DUE TO (C) <u>Heart Disease</u>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Malnutrition</u>					
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2PM. 3/11, 1953</u> to <u>5:30PM 3/11, 1953</u> that I last saw the deceased alive on <u>3/11, 1953</u> , and that death occurred at <u>5:20PM.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Stanley Charles Ruben</u>		23B. ADDRESS <u>Sinai Hosp & Bldg.</u>		23C. DATE SIGNED <u>3/11/53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24B. DATE <u>Mar 12/53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Shadria Zion Cong</u>	
24D. LOCATION (City, town, or county) (State) <u>Baltimore, Md.</u>		24E. FUNERAL DIRECTOR <u>Sol. Gerson</u>		24F. ADDRESS <u>1124-26 W. North Avenue</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 12 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 2592

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2592
Registered No.1. NAME OF DECEASED
(Type or Print)

William M. Sauls

2. DATE
OF
DEATH

3/7/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF not in hospital or institution, give street address or location)
HOSPITAL OR UNIVERSITY HOSPITAL D.O.A.
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE UNKNOWN
B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

160 N. Gay St.

4-01

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

DIVORCED

8. DATE OF BIRTH

NOV. 24, 1897

9. AGE (In years
last birthday)

55

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

UNKNOWN

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

HAMPTON Co. SOUTH CAROLINA

12. CITIZEN OF
WHAT COUNTRY

13. FATHER'S NAME

WILLIAM E. SAULS

14. MOTHER'S MAIDEN NAME

HATTIE JONES

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

PEOPLES FUNERAL SERVICE, HAMPTON, S.C.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ARTERIO SCLEROTIC
HEART Disease

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.
Autopsy, Inspection or Inquiry

23A. SIGNATURE

J. B. Fisher

23B. CHIEF MEDICAL EXAMINER...
ASSISTANT MEDICAL EXAMINER...
MEDICAL INVESTIGATOR...23C. DATE SIGNED
3/8/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

REMOVAL

24B. DATE

3/12/53

24C. NAME OF CEMETERY OR CREMATORY

HAMPTON

24D. LOCATION (City, town, or county)

HAMPTON

SOUTH CAROLINA

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 12 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. G. G. & Co., 1217 ST. PAUL ST.

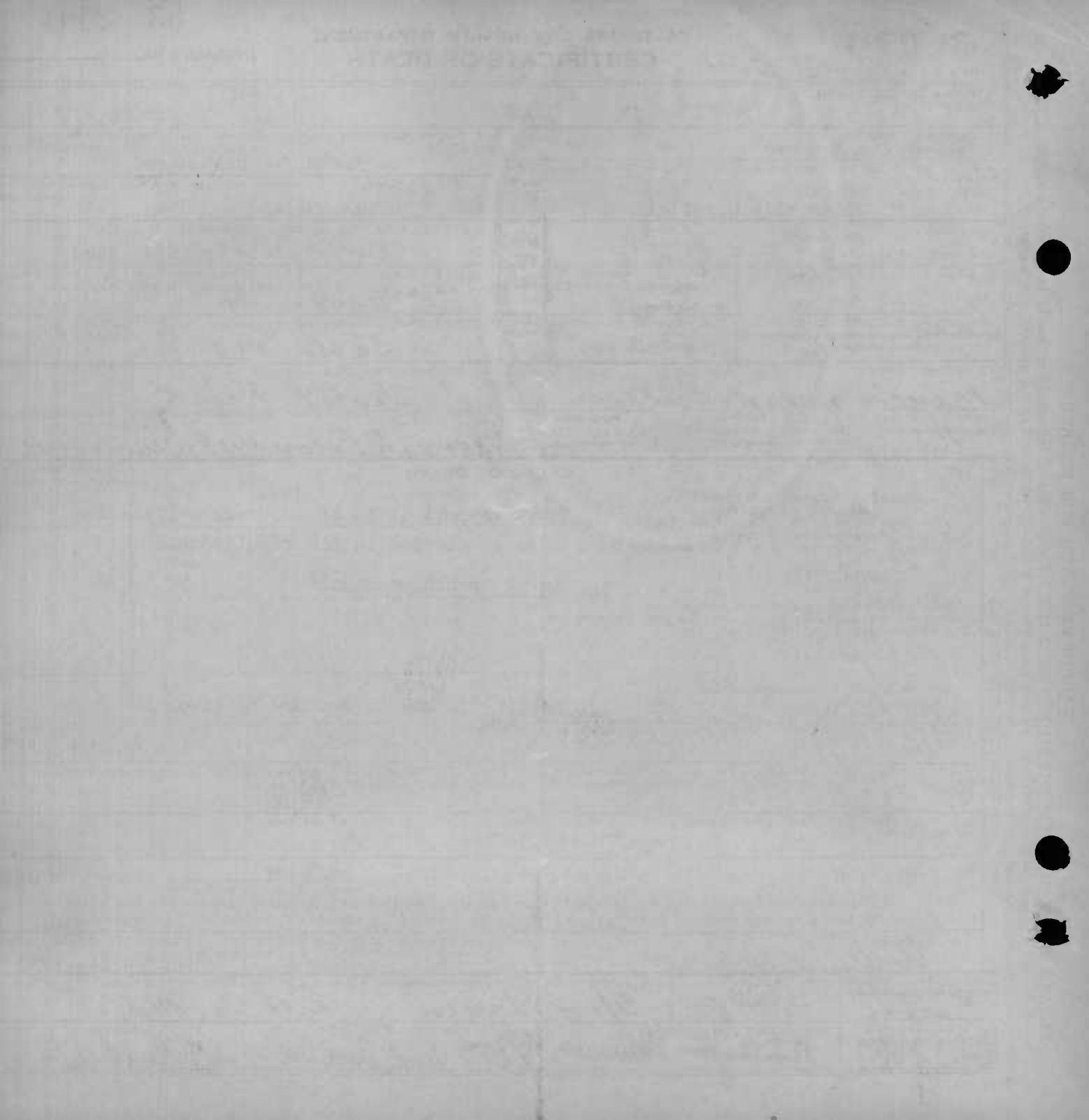
VS 151

Address obtained from The Bureau

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 2593		BALTIMORE CITY HEALTH DEPARTMENT		53 2593	
BIRTH NO. 48-28027		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) FRANCIS D. ENLOW			2. DATE OF DEATH March 10, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Owings Mills		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) Rosewood State Training School		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 12/24/1948	9. AGE (In years last birthday) 4	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Balto. Md.	
13. FATHER'S NAME Francis Baird Enlow			14. MOTHER'S MAIDEN NAME Violet Rusk		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Francis B. Enlow 4108 Duane Ave	
18. 511X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) MASSIVE cellulitis of the neck originating from an abscess in the right tonsil ANTECEDENT CAUSES Early bronchopneumonia DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Healing traumatic rupture of liver II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) Massive cellulitis of the neck originating from an abscess in the right tonsil (B) Early bronchopneumonia (C) Healing traumatic rupture of liver INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William J. Spotts		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED March 11, 1953	
24A. DATE RECEIVED BY LOCAL REGISTRAR MAR 12 1953		24B. DATE 3/14/53		24C. NAME OF CEMETERY OR CREMATORY Glen Haven	
24D. LOCATION (City, town, or county) A. A. C. Md.		24E. FUNERAL DIRECTOR Gook Inc. 1217 St. Paul St.		24F. ADDRESS	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. 53 2594

 BIRTH NO. 53 2594

1. NAME OF DECEASED (Type or Print) <u>Edna Urie</u>			2. DATE OF DEATH <u>Mar 10, 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>a3 n</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md.</u> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <u>Baltimore 25-05</u>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>4218 Morrison Ct.</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-1-1898</u>	9. AGE (In years last birthday) <u>55</u>	If Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machine Operator</u>			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <u>William Grant</u>			14. MOTHER'S MARDEN NAME <u>Elizabeth Sweeting</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u>			ADDRESS		

18. <u>171X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Urinary Tract Obstruction</u>		<u>1 week</u>
DUE TO		
(C) <u>Carcinoma of Cervix, Recurrent</u>		<u>1 year</u>

 II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <u>None</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>2-24</u> , 19 <u>53</u> to <u>3-10</u> , 19 <u>53</u> that I last saw the deceased alive on <u>3-10</u> , 19 <u>53</u> and that death occurred at <u>11:55 PM</u> m., from the causes and on the date stated above.				
23A. SIGNATURE <u>Ernest F. Latham</u>		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED <u>Mar 11, 1953</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>3/14/53</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Morland M. Park</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore Md</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 17 1953</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	25. FUNERAL DIRECTOR <u>Porto Inc. 1217 St. Paul St.</u>		

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2595

53 2595
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Frederick Metschulat			2. DATE OF DEATH March 11, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION 5808 Halwyn Avenue			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-38		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 5808 Halwyn Avenue		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH April 24, 1883	9. AGE (In years, last birthday) 69	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10B. KIND OF BUSINESS OR INDUSTRY Construction Work	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME unknown			14. MOTHER'S MAIDEN NAME unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Charles J. Hatfield, 5808 Halwyn Avenue		
18. 450.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Anteroseclerosis, generalized DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 25, 1952, to March 11, 1952, that I last saw the deceased alive on March 11, 1952, and that death occurred at 7:50 A.M. from the causes and on the date stated above.					
23A. SIGNATURE William E. Kelfrich M. D.		23B. ADDRESS 5006 Roland Ave		23C. DATE SIGNED 3/15/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 3/13/53		24C. NAME OF CEMETERY OR CREMATORY Moreland Park Cemetery	
24D. LOCATION (City, town, or county) Parkville, Maryland		24E. DATE RECEIVED BY LOCAL REGISTRAR MAR 12 1953		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR M. Cook, Inc.,		24H. ADDRESS 1217 St. Paul Street		24I.	

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

CERTIFICATE OF DEATH

1. Name of Deceased: JOHN J. COUGHLIN
2. Date of Birth: 1892
3. Sex: Male
4. Race: White
5. Marital Status: Married
6. Occupation: None
7. Usual Residence: 100 West 10th St. Albany, N. Y.
8. Date of Death: 1942
9. Place of Death: Home
10. Cause of Death: Heart Disease
11. Duration of Illness: Several Months
12. Name of Physician: Dr. J. J. Coughlin
13. Name of Attending Nurse: None
14. Name of Undertaker: None
15. Name of Burial Place: None
16. Name of Funeral Home: None
17. Name of Minister of Religion: None
18. Name of Interment Place: None
19. Name of Interment Place: None
20. Name of Interment Place: None

21. Name of Interment Place: None
22. Name of Interment Place: None
23. Name of Interment Place: None
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25. Name of Interment Place: None
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92. Name of Interment Place: None
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97. Name of Interment Place: None
98. Name of Interment Place: None
99. Name of Interment Place: None
100. Name of Interment Place: None

53 2596

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2596
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Clifton Dorsey</i>			2. DATE OF DEATH <i>3/11/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>Carroll</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hosp</i>			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Lyskeville</i>		
7. c. Length of stay in Baltimore <i>1</i>			8. STREET ADDRESS (If rural, give location) <i>5600</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>N</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Dec 19, 1908</i>	9. AGE (in years last birthday) <i>44</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Paper mill</i>	11. BIRTHPLACE (State or foreign country) <i>md. (Howard)</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Edward Dorsey</i>			14. MOTHER'S MAIDEN NAME <i>Carrie Dorsey</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>246-</i>	17. INFORMANT, ADDRESS <i>Wife Frank Henry Lyskeville, md.</i>		

18. <i>322.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Chronic alcoholism</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 years</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Possible incest habits</i>		<i>1 month</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>2/10/53</i> , 19 <i>53</i> , to <i>3/11/53</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>3/11/53</i> , and that death occurred at <i>2:30</i> a.m., from the causes and on the date stated above.				
23A. SIGNATURE <i>Howard Raskin</i>		23B. ADDRESS <i>Univ. Hosp</i>		23C. DATE SIGNED <i>3/11/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3-14-53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St Luke's</i>	24D. LOCATION (City, town, or county) (State) <i>Lyskeville, Carroll, md.</i>	

DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 12 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Wm. H. Haight</i>	ADDRESS <i>Lyskeville, md.</i>
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53 2597

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2597

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

TRIPLETT, JESSE HAMILTON

2. DATE
OF
DEATH

3-11-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

UNIVERSITY HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

HOLBROOK

D. STREET ADDRESS (If rural, give location)

RANDALLSTOWN, Md. P.O.

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

OCT. 5, 1889

9. AGE (in years last birthday)

63

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

HORACE TRIPLETT

14. MOTHER'S MAIDEN NAME

BERGIE NETTIE DELL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

ADDRESS

MRS IRENE TRIPLETT, RANDALLSTOWN, MD.

18.

416X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

RHEUMATIC AND ARTEROSCLEROTIC HEART DISEASE

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-6-53, 1953, to 3-11-53, 1953, that I last saw the deceased alive on 3-11-53, 1953, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Harry M. Walsh

M. D.

23B. ADDRESS

Univ. Hospital

23C. DATE SIGNED

3-11-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

MAR. 13, 1953

24C. NAME OF CEMETERY OR CREMATORY

WARD'S CHAPEL

24D. LOCATION (City, town, or county)

LIBERTY ROAD

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 12 1953

Huntington Williams, M.D. Kean - Haight - Sykesville, Md.

VS 150

10010 Luther H. Haight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

IN SENATE
JANUARY 10, 1911
REPORT
OF THE
COMMISSIONERS OF THE
LAND OFFICE
IN RESPONSE TO
RESOLUTION PASSED
JUNE 15, 1909

ALBANY:
J.B. LIPPINCOTT & CO.
PRINTERS
1911

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2598**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWIN

HURD

2. DATE
OF
DEATH

March 11, 1953

3. PLACE OF DEATH:

A. **Baltimore City, Maryland**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
1713 E. 35th St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

May 5, 1896

9. AGE (In years last birthday)

56

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY
Metropolitan Life Ins.

11. BIRTHPLACE (State or foreign country)
Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Arthur H. Hurd

14. MOTHER'S MAIDEN NAME
Mary E. Brownbridge

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Marion Hurd 1713 E. 35th St.

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Coronary occlusion**

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Brown

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒

23C. DATE SIGNED

March 11, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-14-53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Balto. Co.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

PULLRICH F.H. 2004 Orleans St.

1963
1296
6

53 2599

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2599
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bettie S. Hornsby

2. DATE
OF
DEATH

March 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3927 Belvoir Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3927 Belvoir Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-10

D. STREET ADDRESS (If rural, give location)

3927 Belvoir Avenue

c. Length of stay in Baltimore

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept 17, 1877

9. AGE (in years last birthday)

75

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Accomack, Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Alvin Mason

14. MOTHER'S MAIDEN NAME

Williamina Kellam

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

John T. Hornsby

ADDRESS

3927 Belvoir Ave

18. 331X and 260X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CAUSE OF DEATH

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

48 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CAUSE OF DEATH

Broncho-Pneumonia

24 hrs

(C) CAUSE OF DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

1 year

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 9, 1953, to March 11, 1953, that I last saw the deceased alive on March 10, 1953, and that death occurred at 12:10 pm., from the causes and on the date stated above.

23A. SIGNATURE

Earl L. Chambers

23B. ADDRESS

4108 Liberty St.

23C. DATE SIGNED

3/11/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 13, 1953

24C. NAME OF CEMETERY OR CREMATORY

St. George

24D. LOCATION (City, town, or county)

Purgoteague, Va

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

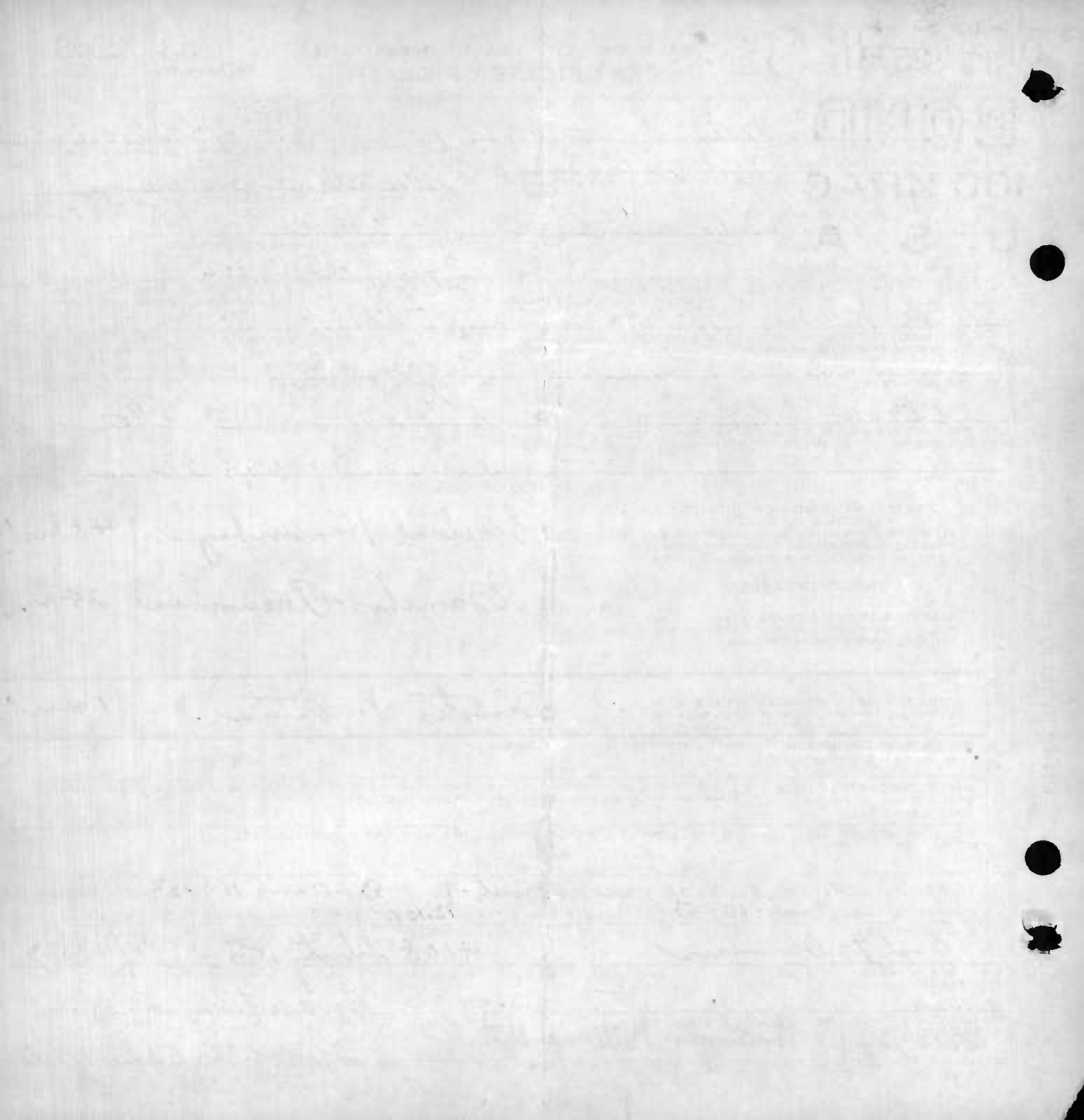
Huntington Williams, Jr.

25. FUNERAL DIRECTOR

J. Spring Myers

ADDRESS

5005 N. Light



AB-168550
53 2800

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2800

1. NAME OF DECEASED (Type or Print) Robert Kecken			2. DATE OF DEATH March 11-1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-05		
c. Length of stay in Baltimore Life			d. STREET ADDRESS (If rural, give location) 2213 Christian St. zone 23		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 25- 1916		9. AGE (In years, last birthday) 36
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder			10b. KIND OF BUSINESS OR INDUSTRY Rowan Controls		11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME Charles Kecken			14. MOTHER'S MAIDEN NAME Mary Lutz		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.		
18. 410X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Cardiac Failure DUE TO ANTECEDENT CAUSES Mitralstenosis Aortic Insufficiency DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-10- 1953 , to 3-11- 1953 , that I last saw the deceased alive on 3-11- 1953 , and that death occurred at 12.30AM , from the causes and on the date stated above.					
23a. SIGNATURE Hughes		23b. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23c. DATE SIGNED 3-11-1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/14/53		24c. NAME OF CEMETERY OR CREMATORY Glen Haven	
24d. LOCATION (City, town, or county) (State) Glenburnie, Md.		25. FUNERAL DIRECTOR Huntington Williams		ADDRESS 4101 Edmondson Ave.	

MAR 12 1953

VS 150

6853L

53 2601

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2601

Registered No.

1. NAME OF DECEASED (Type or Print) Emma J. Owens			2. DATE OF DEATH March 11/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION 1913 Butaw Place			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 4201 Falls Road		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Feb. 20, 1860		9. AGE (In years last birthday) 93
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. W.		10B. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George McLaughlin			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Mary A. Shanahan, 1735 Hollins St		
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cor. Heart Failure DUE TO (B) Arteriosclerotic C-V Dis DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> ND <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar , 1952, to Mar , 1953 that I last saw the deceased alive on Feb. 20 , 1953, and that death occurred at 1:30 A. m. , from the causes and on the date stated above.					
23A. SIGNATURE Edw. H. Zimmerman		23B. ADDRESS 4837 Falls Rd.		23C. DATE SIGNED 3/12/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 13/53		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR Harry A. Smith		ADDRESS 4101 Edmondson Ave.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 12 1953		REGISTRAR'S SIGNATURE Huntington Williams			

CERTIFICATE OF DEATH

200

DATE

AGE

SEX

RACE

EDUCATION

OCCUPATION

RESIDENCE

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

MANNER OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF INTERMENT

PLACE OF INTERMENT

DATE OF BURIAL

PLACE OF BURIAL

DATE OF CREMATION

PLACE OF CREMATION

DATE OF REINTERMENT

PLACE OF REINTERMENT

DATE OF REBURIAL

PLACE OF REBURIAL

DATE OF RECREMATION

PLACE OF RECREMATION

DATE OF REINTERMENT

PLACE OF REINTERMENT

DATE OF REBURIAL

PLACE OF REBURIAL

DATE OF RECREMATION

PLACE OF RECREMATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Pio Puta

2. DATE
OF
DEATH 3-9-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

FRANKLIN SQUARE HOSP

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

BALTO

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO.

3-02

D. STREET ADDRESS (If rural, give location)

215 S. HIGH ST.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

9-12-1970

9. AGE (In years
last birthday)

82

10. Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

ITALY

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

ARRANGELO PUTA

14. MOTHER'S MAIDEN NAME

MARIA ANTONIA

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

HOSP. CHART

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Hemorrhage - UREMIA

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ARTERIOSCLEROTIC C.V. DISEASE

DUE TO

(C) Senility

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-8, 1953, to 3-9, 1953, that I last saw the
deceased alive on 3-7, 1953, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

H. S. S. S.

23B. ADDRESS

Franklin Sq. Hosp.

23C. DATE SIGNED

3-9-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)DATE RECEIVED BY
LOCAL REGISTRAR

MAR 12 1953

24B. DATE

March 13-53

REGISTRAR'S SIGNATURE

Huntington Williams

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county) (State)

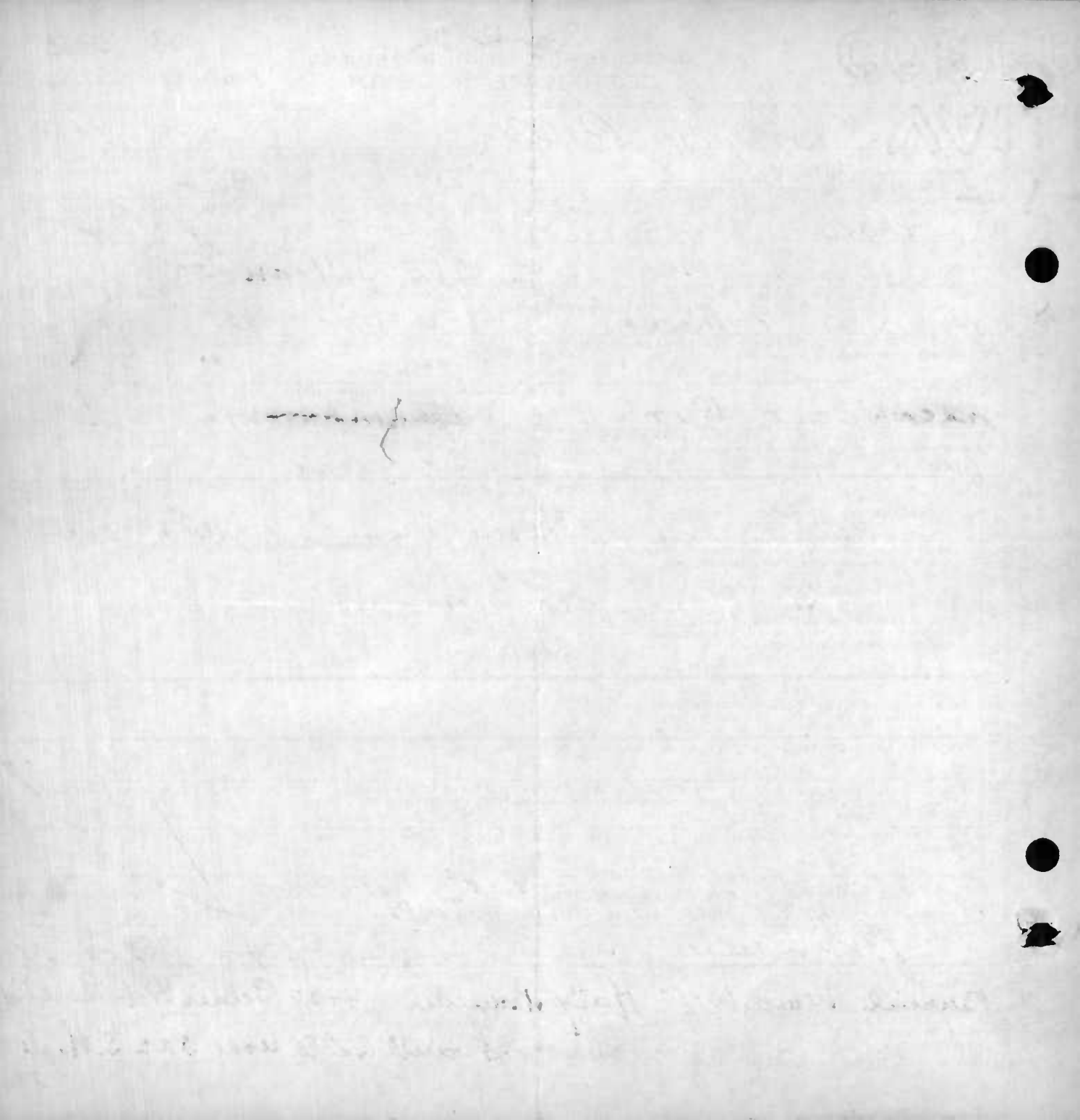
4430 Belair Rd - Balt Md.

25. FUNERAL DIRECTOR

Frankella Della Rose 322 S. High

ADDRESS

ST.



W-540

WANEAL

53 2803

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

53 2803

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William T. Waneal

2. DATE
OF
DEATH

Mar. 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2417 Druid Hill Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

13-03

D. STREET ADDRESS (If rural, give location)

2417 Druid Hill Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

c. Length of stay in Baltimore

30 yrs

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug. 20, 1869

9. AGE (In years
last birthday)

83

10. Under 1 Year
Months

6 18

11. Under 24 Hours
Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Attendant

10B. KIND OF BUSINESS OR
INDUSTRY

Veterinary Hosp.

11. BIRTHPLACE (State or foreign country)

Frederick, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Marshall Waneal

14. MOTHER'S MAIDEN NAME

Maris Maddox

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

219-18-8662

17. INFORMANT

ADDRESS

Erminie W. Ruffin, 2417 Druid Hill

18. 450.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Generalized Arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1953, to March 10, 1953, that I last saw the
deceased alive on March 8, 1953, and that death occurred at 3:55 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas J. Whipple

23B. ADDRESS

7030 Lafayette Ave.

23C. DATE SIGNED

3-11-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 13, 1953

24C. NAME OF CEMETERY OR CREMATORY

Greenview Cemetery

24D. LOCATION (City, town, or county) (State)

Frederick, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

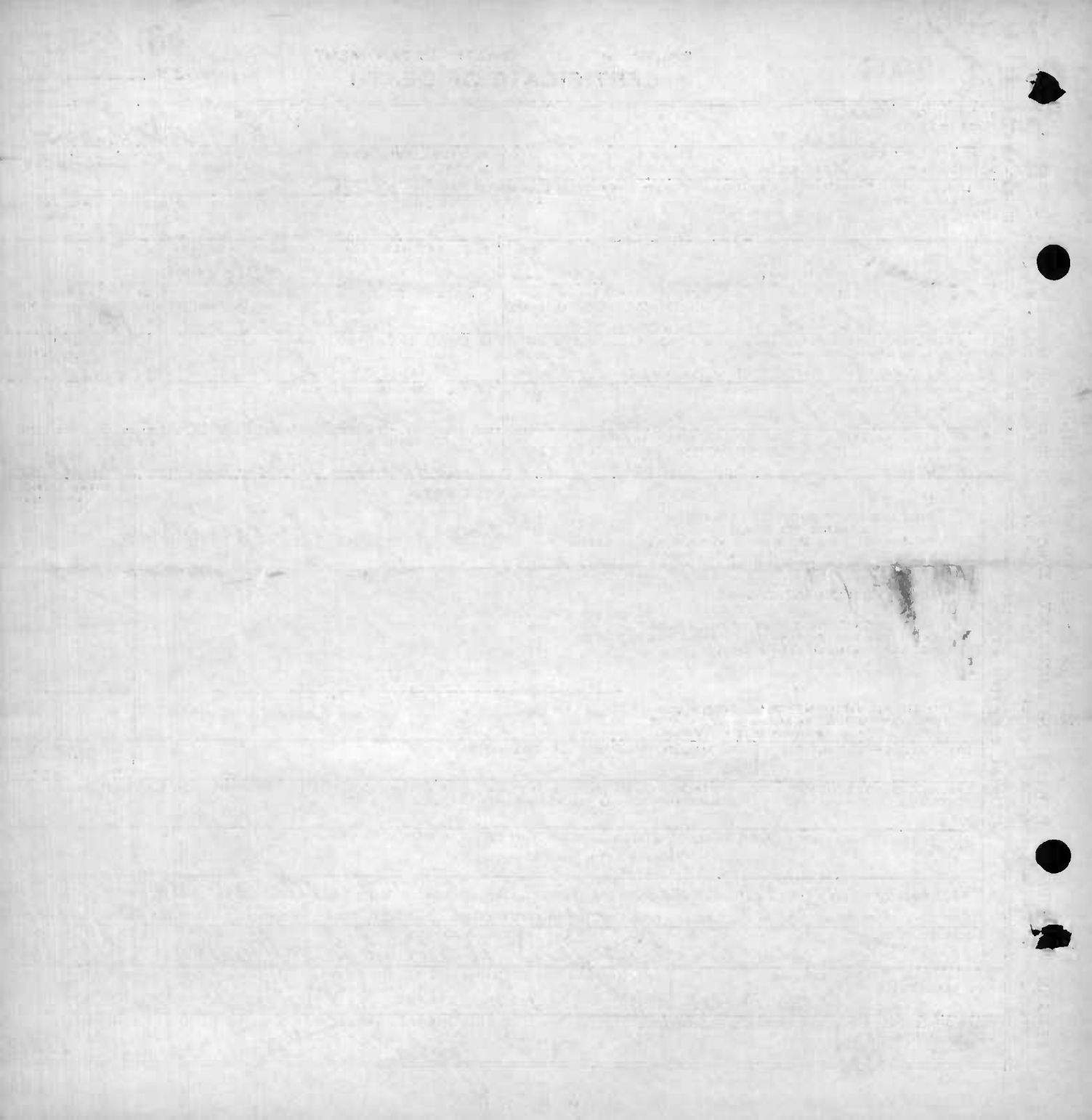
REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

John M. Johnson, 1700 Druid Hill Ave



53 2804

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2804
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HARRY BANOS			2. DATE OF DEATH 3-9-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSP.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 4-01		
c. Length of stay in Baltimore Unknown			D. STREET ADDRESS (If rural, give location) 413 E. BALTIMORE ST.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH Jan. 1895	9. AGE (In years, last birthday) 58	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SELF		10B. KIND OF BUSINESS OR INDUSTRY VEG. (A)	11. BIRTHPLACE (State or foreign country) GREECE		12. CITIZEN OF WHAT COUNTRY? Unknown
13. FATHER'S NAME ALEXANDER BANOS			14. MOTHER'S MAIDEN NAME JEAN GROSS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Greek Evangelismos Church		
18. 231X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PNEUMONIA DUE TO Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Mediastinal tumor DUE TO unknown			INTERVAL BETWEEN ONSET AND DEATH 1 week		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-26-53 , 19 53 , to 3-9-53 , 19 53 , that I last saw the deceased alive on 3-9-53 , 19 53 , and that death occurred at 10:30 AM from the causes and on the date stated above.					
23A. SIGNATURE Karl Moore			23B. ADDRESS Mem Hospital		23C. DATE SIGNED 3-12-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/12/53	24C. NAME OF CEMETERY OR CREMATORY, 24D. LOCATION (City, town, or county) (State) Green Cemetery, Shinnock Rd. Md			
DATE RECEIVED BY LOCAL REGISTRAR MAR 12 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Lambros Inc., 4406 North Ave		

1080

THE UNIVERSITY OF CHICAGO
LIBRARY

1972



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2805

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Leon Davis

2. DATE
OF
DEATH

Mar. 11, 53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY

Md.

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

JOHNS HOPKINS HOSPITAL

c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore - Mulliken Ct.

d. STREET ADDRESS (If rural, give location)

1419 Mulligan Ct.

e. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

2-25-1913

9. Age in years
last birthday

40

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Chauffeur

10b. KIND OF BUSINESS OR
INDUSTRY

Plumbing Supply

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wm. H. Davis

14. MOTHER'S MAIDEN NAME

Emma Wilson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

18. 490X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Lobar Pneumonia
HLLINTERVAL BETWEEN
ONSET AND DEATH

3d.

ANTECEDENT CAUSES

(B) DUE TO
(C) DUE TODISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 11, 1953 to Mar. 11, 1953 that I last saw the
deceased alive on Mar. 11, 1953 and that death occurred at 2:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE

David Lukens

23b. ADDRESS

JOHNS HOPKINS HOSPITAL

23c. DATE SIGNED

3-12-53

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

3-16-53

24c. NAME OF CEMETERY OR CREMATORY

Mt. CALVARY

24d. LOCATION (City, town, or county)

A.A. County, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Joseph B. Lock, Jr. 1304 A-Centel

ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2806
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, ~~MARRIED~~,
~~WIDOWED~~, ~~DIVORCED~~ (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S M maiden NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from Feb 1 - , 1953, to Mch 10 - , 1953 that I last saw the
deceased alive on Mch 9 - , 1953, and that death occurred at 3 A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Ms. A. 9. 2
20-01-10-22

John A. B. J.

Letter dated 10th Nov

March 10, 1880
Transferred
to the
little boat on the river

John A. B. J.
The river
John A. B. J.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 2807**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIE LEE HARRIS

2. DATE
OF
DEATH

March 11, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE b. COUNTY

Maryland

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

612 N. Madeira Street

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Oct 22nd

9. AGE (In years last birthday)

35

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John Harris

14. MOTHER'S MAIDEN NAME

Rose Beaton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Elmer Lee Harris

18. **151X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Far advanced carcinoma of the stomach**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

William V. Smith

23b. CHIEF MEDICAL EXAMINER.....☐ ASSISTANT MEDICAL EXAMINER.....☒ M.D. MEDICAL INVESTIGATOR

23c. DATE SIGNED

March 11, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

Burial

Mar 15th 1953

Rock Hill Va.

Va

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

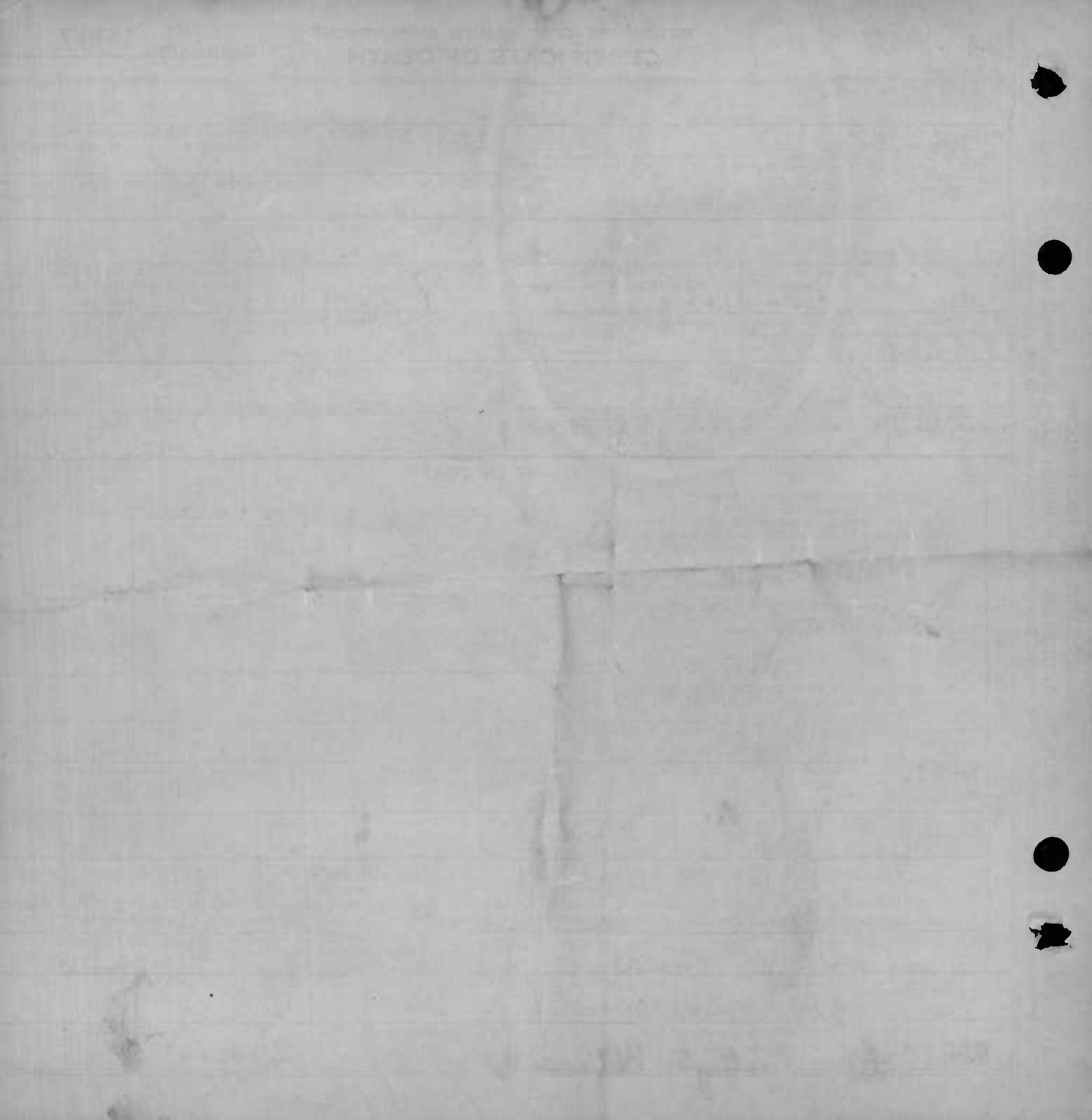
25. FUNERAL DIRECTOR

ADDRESS

MAR 12 1953

Huntington Williams, M.D.

Oliver O Wilson



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2608

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA H. HELMS

2. DATE
OF
DEATH

3/10/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

A. A

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

SOUTH BALTO GEN HOSP.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

BALTO

D. STREET ADDRESS (If rural, give location)

Ritchie Highway 5200

c. Length of stay in Baltimore

LIFETIME Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

1/29/99

9. AGE (In years

54

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SELF EMPLOYED

10B. KIND OF BUSINESS OR INDUSTRY

Beauty Shop

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

George

14. MOTHER'S MAIDEN NAME

MINNIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

216-32-8719

17. INFORMANT

Husband

ADDRESS

(SAME)

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Brain hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

High blood pressure

year

(C)

arteriosclerosis

year

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-10-1953 to 3-10-1953, that I last saw the deceased alive on 3-10-1953 and that death occurred at 10:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Wm Conway

23B. ADDRESS

M. D.

South Balto Genl Hosp

23C. DATE SIGNED

3-10-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

B

24B. DATE

3/14/53

24C. NAME OF CEMETERY OR CREMATORY

CEDAR HILL

24D. LOCATION (City, town, or county)

ANNE ARUNDE Co.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Samuel McCully

ADDRESS

1306 York Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age especially important. Physicians: please write the causes of death clearly and legibly.

53 2609

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2609

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Earle Henry Bussey		2. DATE OF DEATH March 10, 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Howard	
b. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ELKridge 6300	
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 1910 Beechfield Ave	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Nov 29 1946
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 6 If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? United States	
13. FATHER'S NAME Clarence Bussey		14. MOTHER'S MAIDEN NAME Matthie Taylor	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mother		ADDRESS	

MEDICAL CERTIFICATION

18. 434.11 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Glomerular nephritis		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DUE TO		(A)	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B)	
DUE TO		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 2, 1953 to March 10, 1953 , that I last saw the deceased alive on March 10, 1953 , and that death occurred at 6:30 Am. , from the causes and on the date stated above.					
23A. SIGNATURE Virginia Hunter		23B. ADDRESS University Hospital		23C. DATE SIGNED 3-11-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) B		24B. DATE 3/13/53		24C. NAME OF CEMETERY OR CREMATORY FRIENDSHIP CEM.	
24D. LOCATION (City, town, or county) (State) ANNE ARUNDEL CO.		25. FUNERAL DIRECTOR Wm. J. McCully			
DATE RECEIVED BY LOCAL REGISTRAR MAY 1 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		ADDRESS 130 E. 1st Ave	

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. NAME OF DECEASED JAMES J. COUGHLIN		2. SEX Male	
3. AGE 45		4. RACE White	
5. DATE OF DEATH April 15, 1941		6. PLACE OF DEATH New York City	
7. TIME OF DEATH 10:30 P.M.		8. CAUSE OF DEATH Myocardial Infarction	
9. DISEASE OR INJURY Coronary Artery Disease		10. MANNER OF DEATH Natural	
11. SIGNATURE OF PHYSICIAN J. J. Smith		12. SIGNATURE OF REGISTRAR A. B. Jones	
13. SIGNATURE OF WITNESS C. D. Brown		14. SIGNATURE OF DECEASED James J. Coughlin	
15. SIGNATURE OF DECEASED James J. Coughlin		16. SIGNATURE OF DECEASED James J. Coughlin	
17. SIGNATURE OF DECEASED James J. Coughlin		18. SIGNATURE OF DECEASED James J. Coughlin	
19. SIGNATURE OF DECEASED James J. Coughlin		20. SIGNATURE OF DECEASED James J. Coughlin	
21. SIGNATURE OF DECEASED James J. Coughlin		22. SIGNATURE OF DECEASED James J. Coughlin	
23. SIGNATURE OF DECEASED James J. Coughlin		24. SIGNATURE OF DECEASED James J. Coughlin	
25. SIGNATURE OF DECEASED James J. Coughlin		26. SIGNATURE OF DECEASED James J. Coughlin	
27. SIGNATURE OF DECEASED James J. Coughlin		28. SIGNATURE OF DECEASED James J. Coughlin	
29. SIGNATURE OF DECEASED James J. Coughlin		30. SIGNATURE OF DECEASED James J. Coughlin	
31. SIGNATURE OF DECEASED James J. Coughlin		32. SIGNATURE OF DECEASED James J. Coughlin	
33. SIGNATURE OF DECEASED James J. Coughlin		34. SIGNATURE OF DECEASED James J. Coughlin	
35. SIGNATURE OF DECEASED James J. Coughlin		36. SIGNATURE OF DECEASED James J. Coughlin	
37. SIGNATURE OF DECEASED James J. Coughlin		38. SIGNATURE OF DECEASED James J. Coughlin	
39. SIGNATURE OF DECEASED James J. Coughlin		40. SIGNATURE OF DECEASED James J. Coughlin	
41. SIGNATURE OF DECEASED James J. Coughlin		42. SIGNATURE OF DECEASED James J. Coughlin	
43. SIGNATURE OF DECEASED James J. Coughlin		44. SIGNATURE OF DECEASED James J. Coughlin	
45. SIGNATURE OF DECEASED James J. Coughlin		46. SIGNATURE OF DECEASED James J. Coughlin	
47. SIGNATURE OF DECEASED James J. Coughlin		48. SIGNATURE OF DECEASED James J. Coughlin	
49. SIGNATURE OF DECEASED James J. Coughlin		50. SIGNATURE OF DECEASED James J. Coughlin	
51. SIGNATURE OF DECEASED James J. Coughlin		52. SIGNATURE OF DECEASED James J. Coughlin	
53. SIGNATURE OF DECEASED James J. Coughlin		54. SIGNATURE OF DECEASED James J. Coughlin	
55. SIGNATURE OF DECEASED James J. Coughlin		56. SIGNATURE OF DECEASED James J. Coughlin	
57. SIGNATURE OF DECEASED James J. Coughlin		58. SIGNATURE OF DECEASED James J. Coughlin	
59. SIGNATURE OF DECEASED James J. Coughlin		60. SIGNATURE OF DECEASED James J. Coughlin	
61. SIGNATURE OF DECEASED James J. Coughlin		62. SIGNATURE OF DECEASED James J. Coughlin	
63. SIGNATURE OF DECEASED James J. Coughlin		64. SIGNATURE OF DECEASED James J. Coughlin	
65. SIGNATURE OF DECEASED James J. Coughlin		66. SIGNATURE OF DECEASED James J. Coughlin	
67. SIGNATURE OF DECEASED James J. Coughlin		68. SIGNATURE OF DECEASED James J. Coughlin	
69. SIGNATURE OF DECEASED James J. Coughlin		70. SIGNATURE OF DECEASED James J. Coughlin	
71. SIGNATURE OF DECEASED James J. Coughlin		72. SIGNATURE OF DECEASED James J. Coughlin	
73. SIGNATURE OF DECEASED James J. Coughlin		74. SIGNATURE OF DECEASED James J. Coughlin	
75. SIGNATURE OF DECEASED James J. Coughlin		76. SIGNATURE OF DECEASED James J. Coughlin	
77. SIGNATURE OF DECEASED James J. Coughlin		78. SIGNATURE OF DECEASED James J. Coughlin	
79. SIGNATURE OF DECEASED James J. Coughlin		80. SIGNATURE OF DECEASED James J. Coughlin	
81. SIGNATURE OF DECEASED James J. Coughlin		82. SIGNATURE OF DECEASED James J. Coughlin	
83. SIGNATURE OF DECEASED James J. Coughlin		84. SIGNATURE OF DECEASED James J. Coughlin	
85. SIGNATURE OF DECEASED James J. Coughlin		86. SIGNATURE OF DECEASED James J. Coughlin	
87. SIGNATURE OF DECEASED James J. Coughlin		88. SIGNATURE OF DECEASED James J. Coughlin	
89. SIGNATURE OF DECEASED James J. Coughlin		90. SIGNATURE OF DECEASED James J. Coughlin	
91. SIGNATURE OF DECEASED James J. Coughlin		92. SIGNATURE OF DECEASED James J. Coughlin	
93. SIGNATURE OF DECEASED James J. Coughlin		94. SIGNATURE OF DECEASED James J. Coughlin	
95. SIGNATURE OF DECEASED James J. Coughlin		96. SIGNATURE OF DECEASED James J. Coughlin	
97. SIGNATURE OF DECEASED James J. Coughlin		98. SIGNATURE OF DECEASED James J. Coughlin	
99. SIGNATURE OF DECEASED James J. Coughlin		100. SIGNATURE OF DECEASED James J. Coughlin	

53 2610

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2610
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Catherine Kamps

2. DATE
OF
DEATH

Mar. 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1621 Carswell Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1621 Carswell Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Feb. 19, 1873

9. AGE (in years
last birthday)

80

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jacob Kreitler

14. MOTHER'S MAIDEN NAME

Catherine ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Dankmeyer, 1621 Carswell

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

3 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Atherosclerotic Cardio Vascular Disease with Hypertension

7 1/2 yrs

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 4-Nov-1945 to 11-March, 1953 that I last saw the
deceased alive on 11-March, 1953, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Charles B. Edwards

M. D.

23B. ADDRESS

2746 The Alameda

23C. DATE SIGNED

12-March-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/14/53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road

Dr. Edmonds
2746 Alameda Blvd.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

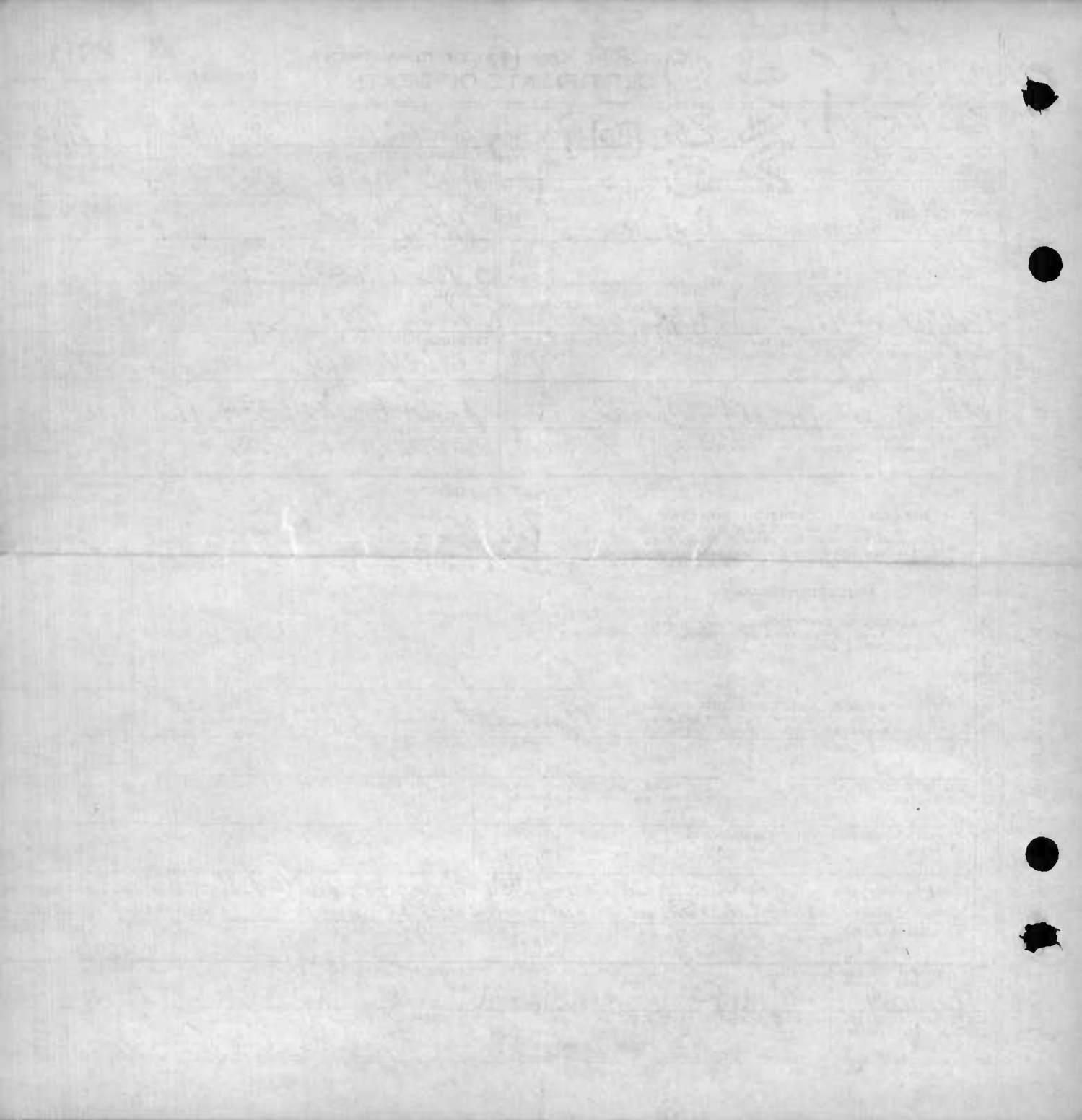
53 2611
Registered No.

53 2611
BIRTH NO.

1. NAME OF DECEASED (Type or Print) VIOLA ANNA HUTCHINSON (MRS FREDERICK)			2. DATE OF DEATH MARCH 11, 1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MARYLAND b. COUNTY BALTIMORE		
b. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 6 27-01		
c. Length of stay in Baltimore			d. STREET ADDRESS (If rural, give location) 3705 PARKSIDE DRIVE		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 26, 1898	9. AGE (In years last birthday) 54	10. Under 1 Year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME MR. JOHN THOMAS BUELL			14. MOTHER'S MAIDEN NAME ANNA ELIZABETH TILLMAN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	INFORMANT MRS. FREDERICK L. HUTCHINSON ADDRESS SAME ✓		

18. 410X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Mitral Stenosis		CAUSE OF DEATH Coronary artery sclerosis	INTERVAL BETWEEN ONSET AND DEATH yes
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Myocardial infarction			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION 2	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from MARCH 2, 1953 to MARCH 11, 1953 , that I last saw the deceased alive on MARCH 11, 1953 , and that death occurred at 7:35 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE J. P. Buehl	23b. ADDRESS Union Memorial	23c. DATE SIGNED MAR 15 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/14/53	24c. NAME OF CEMETERY OR CREMATORY Lorraine Park	24d. LOCATION (City, town, or county) (State) Balto Md
DATE RECEIVED BY LOCAL REGISTRAR MAR 12 1953	REGISTRAR'S SIGNATURE H. K. ...	25. FUNERAL DIRECTOR L. J. Ruck ADDRESS 5305 Sayford Rd	

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.



53 2612

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2612
Registered No.

1. NAME OF DECEASED (Type or Print) Wilber Edwin Cunningham			2. DATE OF DEATH Mar. 11, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2829 Beechland Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-06		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2829 Beechland Avenue		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept 18, 1881	9. AGE (in years last birthday) 71	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Darlington, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Wm. Parker Cunningham			14. MOTHER'S MAIDEN NAME Elizabeth Jones		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY No. 219-07-4110	17. INFORMANT ADDRESS Mrs. Annie Cunningham, 2829 Beechland		
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cardiovascular C.V.D. Parkinson's Disease - severe			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1947 to March 11, 1953 , that I last saw the deceased alive on Mar. 9, 1953 , and that death occurred at 12:58 m., from the causes and on the date stated above.					
23A. SIGNATURE William H. D.		23B. ADDRESS 4217 Hester Rd.		23C. DATE SIGNED 3/11/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/14/53		24C. NAME OF CEMETERY OR CREMATORY Darlington Cemetery	
24D. LOCATION (City, town, or county) Darlington, Maryland		24E. GENERAL DIRECTOR ADDRESS Bailey Funeral Home, Darlington, Md.			
DATE RECEIVED BY LOCAL REGISTRAR MAR 12 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

Dr. Haase

4218 Harford Terrace

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2613

53 2613

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Laudenklos, Albert</u>			2. DATE OF DEATH <u>March 11, 1953</u>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Baltimore</u>		
b. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore <u>48 years</u>			d. STREET ADDRESS (If rural, give location) <u>58 Sippel Avenue</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 8-1904</u>		9. AGE (In years last birthday) <u>48</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Balto. Signal Depot</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13. FATHER'S NAME <u>Jacob Laudenklos</u>		
14. MOTHER'S MAIDEN NAME <u>Mary Rye</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		
16. SOCIAL SECURITY NO.			17. INFORMANT <u>Mrs. Albert Laudenklos</u>		
18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Anterior Coronary Artery Occlusion, Acute</u>			19. CAUSE OF DEATH (A) <u>Anterior Coronary Artery Occlusion, Acute</u> (B) <u>Myocardial Infarction</u> (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION <u>2</u>		19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21c. HOW DID INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>February 26, 1953</u> to <u>March 11, 1953</u> that I last saw the deceased alive on <u>March 11, 1953</u> and that death occurred at <u>11:50am</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>P. J. Bauer</u>		23b. ADDRESS <u>1100 N. Caroline Street</u>		23c. DATE SIGNED <u>March 11, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/14/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Parkwood Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Balto md</u>		25. FUNERAL DIRECTOR <u>Huntington Williams, M. T. Lassahn Funeral Home 7401. Belton Rd</u>			

DATE RECEIVED BY LOCAL REGISTRAR
MAR 12 1953

VS 150

57091

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

STATION NO. 12345

DATE OF COLLECTION

BY

PLANT INDUSTRY

STATION NO.

DATE OF COLLECTION

PLANT INDUSTRY
BUREAU OF PLANT INDUSTRY
UNITED STATES DEPARTMENT OF AGRICULTURE
WASHINGTON, D. C.

PLANT INDUSTRY
BUREAU OF PLANT INDUSTRY
UNITED STATES DEPARTMENT OF AGRICULTURE
WASHINGTON, D. C.

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BUREAU OF PLANT INDUSTRY
UNITED STATES DEPARTMENT OF AGRICULTURE
WASHINGTON, D. C.

53 2814

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2814
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ada Bosson (Ada Pearl Bosson)

2. DATE
OF
DEATH

March 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

6. Hal R. Room

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

9-09

D. STREET ADDRESS (If rural, give location)

1733 Disquith St.

c. Length of stay in Baltimore

40 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

8-3-1895

9. AGE (in years
last birthday)

57

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore County, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Theodore Gill

14. MOTHER'S MAIDEN NAME

Laura Crowther

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.

None

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

metastatic tumor
of brain

40 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

from melanoma of
womb

4 months

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3.10.53

19B. MAJOR FINDINGS OF OPERATION

metastatic tumor to brain

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 39, 1953 to 3-11, 1953 that I last saw the
deceased alive on 3-11, 1953 and that death occurred at 1230 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. M. Queen

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3-11-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-14-53

24C. NAME OF CEMETERY OR CREMATORY

Plesent Grave Cemetery

24D. LOCATION (City, town, or county)

Boring, Balto:Co.Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 12 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

George J. Ruth, Inc. - 1735 Harford Avenue

ADDRESS

623
MAR/168465

53 2015

53 2015

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Herman Forester

2. DATE
OF
DEATH

Mar. 9, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONBaltimore City Hospitals
4940 Eastern AvenueC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

326 S. East Avenue

c. Length of stay in Baltimore

56 yrs.?

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

Wh

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan 17 - 1897

9. AGE (In years
last birthday)

56

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

-

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Records: Balto. City Hospitals
4940 Eastern Ave.

18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

Hepatic Insufficiency

115

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cirrhosis of Liver

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-8 19 53 to 3-9 19 53, that I last saw the
deceased alive on 3-9 19 53, and that death occurred at 10:40a m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Forester

23B. ADDRESS

M. D.

4940 Eastern Ave. Balto. Md.

23C. DATE SIGNED

3-9-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/13/53

24C. NAME OF CEMETERY OR CREMATORY

Balto. National

24D. LOCATION (City, town, or county)

Frederick Rd. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 12 1953

H. J. Forester, M.D. John B. Connelly, 418 Eastern Ave

Balto. Md.

STATE OF CALIFORNIA
COUNTY OF LOS ANGELES

IN SENATE

January 1, 1900

Present

1900

1900

113

January 1, 1900

Present

January 1, 1900

Present

January 1, 1900

Present

January 1, 1900

Present

1900

1900

1900

See Query reply in Document File

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

53 2617

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2617
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth Lang

2. DATE
OF
DEATH

March 10 - 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore Md

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Gardenville Nursing Home

C. Length of stay in Baltimore

68 yrs

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR
INDUSTRY

House Wife

13. FATHER'S NAME

William Boole

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1229 Canoll St

8. DATE OF BIRTH

May 10 - 1867

9. AGE (In years
last birthday)

85

11 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

unknown

17. INFORMANT

Frank Lang

ADDRESS

1229 Canoll St

18. *422.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral Thrombosis, right 7 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerotic Cardio-

Vascular Disease

5 yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *12-26*, 1952, to *3-10*, 1953, that I last saw the
deceased alive on *3-3*, 1953, and that death occurred at *8 P.* m., from the causes and on the date stated above.

23A. SIGNATURE

John P. Delaney Jr.

M. O.

23B. ADDRESS

1227 Waverly Blvd

23C. DATE SIGNED

3-12-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Buried

March 13-1953

Western Cemetery

Baltimore Md

MAR 12 1953

Huntington Williams, M.D.

Geo. F. Boyer, Jr.

1512 Hollins St

Baltimore 23 Md

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 2618
Registered No.

53 2618
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Calvin O. C. Fox.			2. DATE OF DEATH Mar. 11, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3603 Spaulding Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, 27-18		
C. Length of stay in Baltimore 40 years			D. STREET ADDRESS (If rural, give location) 3603 Spaulding Ave.,		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 29, 1880		9. AGE (In years last birthday) 72
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10B. KIND OF BUSINESS OR INDUSTRY Dept. Store	11. BIRTHPLACE (State or foreign country) Frederick, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Ernest A. C. Fox			14. MOTHER'S MAIDEN NAME Caroline Babel		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 216-61-8902	17. INFORMANT ADDRESS Mrs. Sadie Fox, 3603 Spaulding Ave.		

18. 42011 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 hour
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO		
(B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 10, 1953 , to March 11, 1953 , that I last saw the deceased alive on March 10, 1953 , and that death occurred at 1 A. m. , from the causes and on the date stated above.					
23A. SIGNATURE Michael L. DeVincentis		23B. ADDRESS 11 E. Chase St.		23C. DATE SIGNED 3/11/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE Mar. 13, 1953		24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	
DATE RECEIVED BY LOCAL REGISTRAR MAR 12 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR 4611 Park Heights Av	

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-200
53 2619

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2619
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PAUL J HESS

2. DATE OF DEATH
March 11, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE D. C.
B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Washington

D. STREET ADDRESS (If rural, give location)
127 Tennessee Avenue, N. E.

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Sept 30, 1931

9. AGE (in years last birthday)

21

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Brakeman

10B. KIND OF BUSINESS OR INDUSTRY

Penn. R.R.

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Jerome E. Hess Sr.

14. MOTHER'S MAIDEN NAME

Lillian S. Cue

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Jerome E. Hess Sr. - 2940 4th St. N.E. Washington D.C.

18. E 819.4

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Asphyxia due to crushing injury of larynx and trachea

ANTECEDENT CAUSES

(B) Multiple lacerations and abrasions

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Highway

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Savage, Maryland

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

March 11, 1953 7:00 P.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Driver of auto which struck bridge

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

William W. B. Frank Hines

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
March 12, 1953

24A. BURIAL CREMA- TION (Specify)

Burial

24B. DATE

3/14/53

24C. NAME OF CEMETERY OR CREMATORY

Fort Lincoln Cem

24D. LOCATION (City, town, or county)

Washington D.C.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 12 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. W. B. Frank Hines - Washington D.C.

25. FUNERAL DIRECTOR

ADDRESS



M-634
53 2620

MARTEL
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2620

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Martel - Sr.

2. DATE
OF
DEATH

3-9-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Boeto -

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

633 S. Conkling Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY

Md.

B. COUNTY

26-07

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore - Md

D. STREET ADDRESS (If rural, give location)

633 S. Conkling Street

c. Length of stay in Baltimore

70 Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1-14-70

9. AGE (In years,
last birthday)

8 3 1/2

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Box Factory

10B. KIND OF BUSINESS OR
INDUSTRY

Canton Box Co -

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Leonard Martel

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. John P. Ford

ADDRESS

Same

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Chronic Myocarditis

INTERVAL BETWEEN
ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Generalized Atherosclerosis

?

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1952 to March 9, 1953 that I last saw the deceased alive on March 9, 1953, and that death occurred at 9 P. m., from the causes and on the date stated above.

23A. SIGNATURE

J. W. Gaskel

23B. ADDRESS

637 S. Conkling St

23C. DATE SIGNED

March 11, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-13-53

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart

24D. LOCATION (City, town, or county)

Baltimore - Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

W. Kelly & Zickel - 403 S. Kopeck

ADDRESS

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1911

1. Name of deceased *James M. Smith*
2. Sex *Male*
3. Age *45*
4. Date of death *March 15, 1911*
5. Time of death *10:30 A.M.*
6. Place of death *Home*
7. Cause of death *Myocardial Infarction*
8. Nature of disease *Coronary Artery Disease*
9. Duration of disease *Several months*
10. Name of physician *Dr. J. H. Jones*
11. Name of attending physician *Dr. J. H. Jones*
12. Name of medical examiner *Dr. J. H. Jones*
13. Name of coroner *Dr. J. H. Jones*
14. Name of registrar *Dr. J. H. Jones*
15. Name of clerk *Dr. J. H. Jones*

16. Name of informant *Dr. J. H. Jones*
17. Name of informant's address *123 Main St., New York City*
18. Name of informant's occupation *Physician*
19. Name of informant's relationship to deceased *Physician*
20. Name of informant's signature *Dr. J. H. Jones*
21. Name of informant's date *March 15, 1911*
22. Name of informant's place *New York City*
23. Name of informant's state *New York*
24. Name of informant's country *United States of America*
25. Name of informant's residence *New York City*
26. Name of informant's birth date *March 15, 1911*
27. Name of informant's birth time *10:30 A.M.*
28. Name of informant's birth place *Home*
29. Name of informant's birth cause *Myocardial Infarction*
30. Name of informant's birth nature *Coronary Artery Disease*
31. Name of informant's birth duration *Several months*
32. Name of informant's birth name *Dr. J. H. Jones*
33. Name of informant's birth attending physician *Dr. J. H. Jones*
34. Name of informant's birth medical examiner *Dr. J. H. Jones*
35. Name of informant's birth coroner *Dr. J. H. Jones*
36. Name of informant's birth registrar *Dr. J. H. Jones*
37. Name of informant's birth clerk *Dr. J. H. Jones*

38. Name of informant's birth informant *Dr. J. H. Jones*
39. Name of informant's birth informant's address *123 Main St., New York City*
40. Name of informant's birth informant's occupation *Physician*
41. Name of informant's birth informant's relationship to deceased *Physician*
42. Name of informant's birth informant's signature *Dr. J. H. Jones*
43. Name of informant's birth informant's date *March 15, 1911*
44. Name of informant's birth informant's place *New York City*
45. Name of informant's birth informant's state *New York*
46. Name of informant's birth informant's country *United States of America*
47. Name of informant's birth informant's residence *New York City*
48. Name of informant's birth informant's birth date *March 15, 1911*
49. Name of informant's birth informant's birth time *10:30 A.M.*
50. Name of informant's birth informant's birth place *Home*
51. Name of informant's birth informant's birth cause *Myocardial Infarction*
52. Name of informant's birth informant's birth nature *Coronary Artery Disease*
53. Name of informant's birth informant's birth duration *Several months*
54. Name of informant's birth informant's birth name *Dr. J. H. Jones*
55. Name of informant's birth informant's birth attending physician *Dr. J. H. Jones*
56. Name of informant's birth informant's birth medical examiner *Dr. J. H. Jones*
57. Name of informant's birth informant's birth coroner *Dr. J. H. Jones*
58. Name of informant's birth informant's birth registrar *Dr. J. H. Jones*
59. Name of informant's birth informant's birth clerk *Dr. J. H. Jones*

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2821
Registered No.53 2821
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

Frances Nelson

2. DATE
OF
DEATH

3-10-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

246 S. Chester St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto - Md 1-03

D. STREET ADDRESS (If rural, give location)

2442 Foster Ave

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

4-2-88

9. AGE (In years
last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Self-employed

10B. KIND OF BUSINESS OR
INDUSTRY

Sea Food Business

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

August Schuch

14. MOTHER'S MAIDEN NAME

Vernonia Z.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

August A. Nelson

ADDRESS

same

18. 181X and 460X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of Gall Bladder

INTERVAL BETWEEN
ONSET AND DEATH

6 mo.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

3 yrs.

19A. DATE OF OPERATION

Dec. 31, 1952

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Gall Bladder; Gall Stones

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 1950, to March 1953, that I last saw the deceased alive on March 9, 1953, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Clarence W. L. Dours

M. D.

23B. ADDRESS

3023 Eastern Ave.

23C. DATE SIGNED

3/11/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-14-53

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Balto - Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Kelly & Zick - 403 S. York

25. FUNERAL DIRECTOR

ADDRESS

VS 150

2906A

J.H.U.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 2822

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 2822
Registered No.

1. NAME OF DECEASED (Type or Print) JAMES THOMAS		2. DATE OF DEATH 3.9.53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City 14-03	
c. Length of stay in Baltimore 3 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 535 Bloom St	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7.23.1888
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 64 65 yrs
13. FATHER'S NAME Frederick Thomas		11. BIRTHPLACE (State or foreign country) Baltimore Md	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Unknown		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Prunella	
17. INFORMANT Cornelia Thomas		ADDRESS 535 Bloom St	
18. 331X and 123X		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) cerebral vascular accident	
DUE TO			
ANTECEDENT CAUSES		(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO	
II		(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		neurofibromatosis	
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-8-1953 to 3-9-1953 , that I last saw the deceased alive on 3-8-1953 and that death occurred at 1:55 a.m. , from the causes and on the date stated above.			
23A. SIGNATURE James D. Carr		23B. ADDRESS 1427 Madison Ave	23C. DATE SIGNED 3.12.53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3-13-53	24C. NAME OF CEMETERY OR CREMATORY St. Peter's	24D. LOCATION (City, town, or county) (State) Baltimore Md
DATE RECEIVED BY LOCAL REGISTRAR MAR 13 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	GENERAL DIRECTOR William S. ... ADDRESS 1631 ...	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 2623		BALTIMORE CITY HEALTH DEPARTMENT		53 2623	
BIRTH NO. 52-27585		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) PETER G. Sessa JR.			2. DATE OF DEATH March 11, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dundalk		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 10 Shore Road		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Nov. 13 1952	9. AGE (In years last birthday) 4	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Peter G. Sessa			14. MOTHER'S MAIDEN NAME Mary Rizzo		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Peter G. Sessa 10 Shore Rd. Dundalk		
18. 525X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Interstitial pneumonia			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER		23C. DATE SIGNED March 12, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		March 14/53		Holy Redeemer Cemetery 4430 Belair Rd.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		FUNERAL DIRECTOR ADDRESS	
MAR 15 1953		Huntington Williams, M.D.		Frank Delahoe 3125 S. High St.	

TO : DIRECTOR, CIA

NOV 12 1988

WASHINGTON, DC

RE: [illegible]

FROM : [illegible]

1. [illegible]

2. [illegible]

3. [illegible]

4. [illegible]

53 2624

53 2624

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Arthur D. Samler</i>		2. DATE OF DEATH <i>March 11/53</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>3234 Sequoia Ave.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>Marylander Apts - 3501 St. Paul St.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>June 7/1893</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>merchant</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>machinery</i>	
13. FATHER'S NAME <i>Sidore Samler</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Maryland</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Elizabeth Franklin</i>	
17. INFORMANT <i>Mrs. Martha Samler</i>		ADDRESS <i>Apt-933</i>	

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acute left ventricular failure 10 min</i>		CAUSE OF DEATH (A) DUE TO	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hypertensive Cardio-vascular unknown</i>		(B) DUE TO	
		(C) DUE TO	

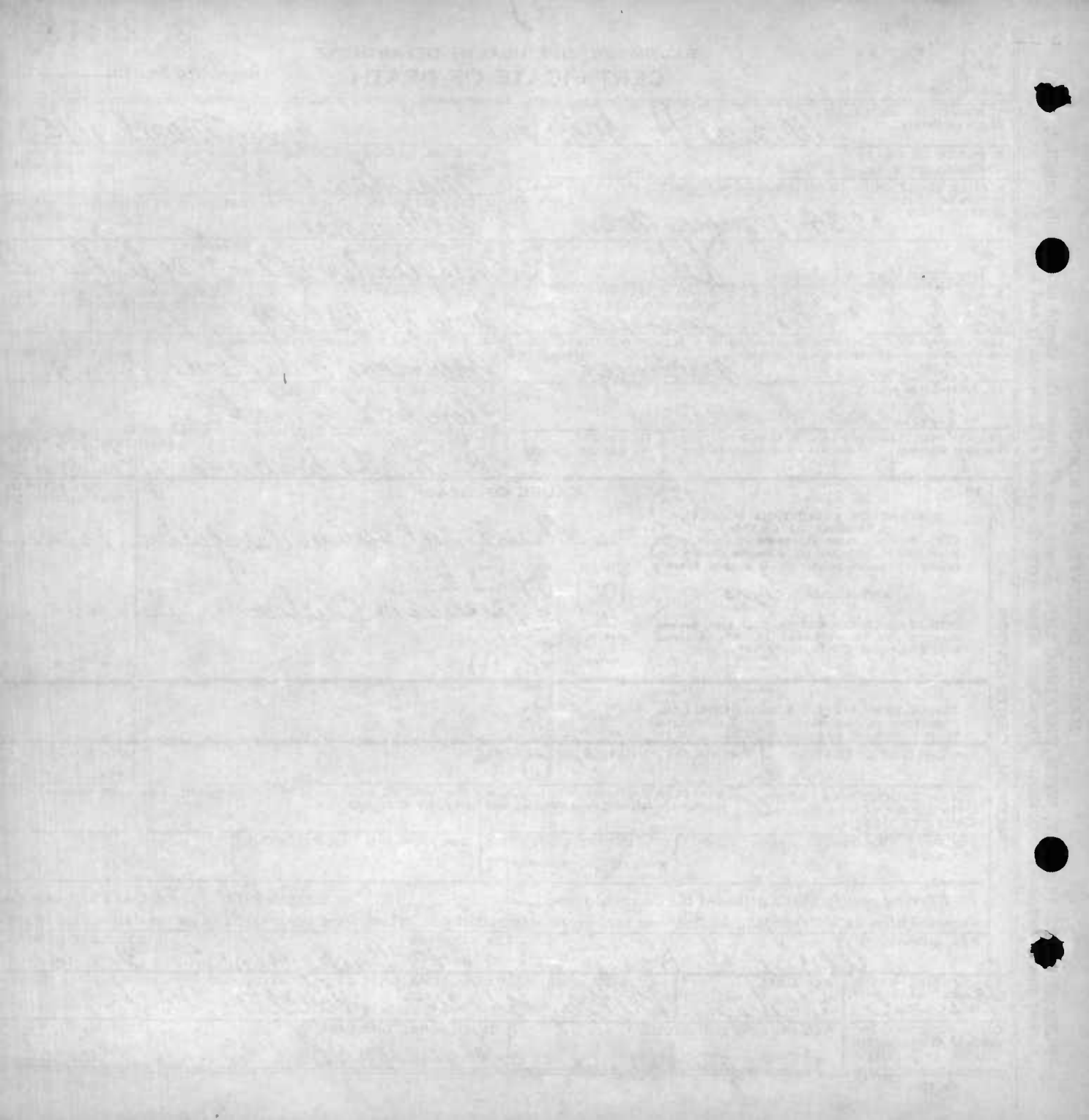
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from <i>July 19-19</i> to <i>March 11</i> , 1953, that I last saw the deceased alive on <i>March 11</i> , 1953, and that death occurred at <i>10:30</i> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Alvin J. Hasty</i>		23B. ADDRESS <i>5443 Park Heights</i>		23C. DATE SIGNED <i>3/12/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/13/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Balto. Hebrew</i>	
24D. LOCATION (City, town, or county) <i>Balto. Md.</i>					

DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 13 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Shelton 908-1124-26 N. North</i>		ADDRESS <i>avenue</i>	
--	--	---	--	---	--	-----------------------	--

29065

MARGIN RESERVED FOR BINDING
PLEASE TYPE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. Physicians: please write the causes of death clearly and legibly. especially important. correct age



460
53 2825BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2825
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Lannie Taylor			2. DATE OF DEATH Mar. 11, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland 216 N. Carey St			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balts 19-02		
C. Length of stay in Baltimore 15 yrs			D. STREET ADDRESS (If rural, give location) 102 N. Silver St		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1879		
			9. AGE (In years last birthday) 73	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labour			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) N. C.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Joseph Taylor			14. MOTHER'S MAIDEN NAME Missouri		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Shirley Taylor			ADDRESS 224 N. Strickland		

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Heart Disease	CAUSE OF DEATH (A) Arteriosclerotic Heart Disease DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 5 mnts
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

MEDICAL CERTIFICATION

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct. 1 , 19 54 to March 11 , 19 53 that I last saw the deceased alive on March 11 , 19 53 and that death occurred at 5 a m., from the causes and on the date stated above.					
23A. SIGNATURE Ralph W. DeWitt		23B. ADDRESS 46 N. John St		23C. DATE SIGNED 3/12/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 3/16/1953		24C. NAME OF CEMETERY OR CREMATORY Fordtown Cem.	
24D. LOCATION (City, town, or county) (State) Whaleyville, Va.		24E. FUNERAL DIRECTOR James A. Stages		ADDRESS 638 N. 9th St	
DATE RECEIVED BY LOCAL REGISTRAR MAR 13 1953		REGISTRAR'S SIGNATURE Huntington Williams			

VS 150

97099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-500

53 2826

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2826

BIRTH NO. *Mon Rev.*

1. NAME OF DECEASED (Type or Print) JAMES MASON KANE		2. DATE OF DEATH 3/10/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-03	
D. STREET ADDRESS (If rural, give location) 1620 Thomas Ave.		E. Length of stay in Baltimore Yrs. Mos. Days	
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 1/14/51
9. AGE (In years last birthday) 2		10. Under 1 Year Months: Days: Hours: Min.	11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME John Solomon Clayton	
14. MOTHER'S MAIDEN NAME Theresa Kane		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Mother	
ADDRESS			

18. 340.1	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Pneumococcal meningitis with subdural empyema	24 days 3 weeks
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Bronchitis
		1 week

19A. DATE OF OPERATION 3/10/53	19B. MAJOR FINDINGS OF OPERATION Subdural empyema	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 2/18 , 19 53 to 3/10 , 19 53 , that I last saw the deceased alive on 3/10 , 19 53 , and that death occurred at 9:30 A.M., from the causes and on the date stated above.		
23A. SIGNATURE Richard C Packert	23B. ADDRESS University Hospital	23C. DATE SIGNED 3/10/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3-14-53	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem
24D. LOCATION (City, town, or county) Baltimore, Md.	24E. FUNERAL DIRECTOR Huntington Williams, M.D.	
24F. DATE RECEIVED BY LOCAL REGISTRAR MAR 13 1953	24G. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	24H. ADDRESS 578a

MINNESOTA DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of coroner		11. Signature of medical examiner		12. Signature of funeral director	
13. Signature of undertaker		14. Signature of cemetery		15. Signature of burial place		16. Signature of interment	
17. Signature of crematorium		18. Signature of cremation		19. Signature of cremation		20. Signature of cremation	
21. Signature of cremation		22. Signature of cremation		23. Signature of cremation		24. Signature of cremation	
25. Signature of cremation		26. Signature of cremation		27. Signature of cremation		28. Signature of cremation	
29. Signature of cremation		30. Signature of cremation		31. Signature of cremation		32. Signature of cremation	
33. Signature of cremation		34. Signature of cremation		35. Signature of cremation		36. Signature of cremation	
37. Signature of cremation		38. Signature of cremation		39. Signature of cremation		40. Signature of cremation	
41. Signature of cremation		42. Signature of cremation		43. Signature of cremation		44. Signature of cremation	
45. Signature of cremation		46. Signature of cremation		47. Signature of cremation		48. Signature of cremation	
49. Signature of cremation		50. Signature of cremation		51. Signature of cremation		52. Signature of cremation	
53. Signature of cremation		54. Signature of cremation		55. Signature of cremation		56. Signature of cremation	
57. Signature of cremation		58. Signature of cremation		59. Signature of cremation		60. Signature of cremation	
61. Signature of cremation		62. Signature of cremation		63. Signature of cremation		64. Signature of cremation	
65. Signature of cremation		66. Signature of cremation		67. Signature of cremation		68. Signature of cremation	
69. Signature of cremation		70. Signature of cremation		71. Signature of cremation		72. Signature of cremation	
73. Signature of cremation		74. Signature of cremation		75. Signature of cremation		76. Signature of cremation	
77. Signature of cremation		78. Signature of cremation		79. Signature of cremation		80. Signature of cremation	
81. Signature of cremation		82. Signature of cremation		83. Signature of cremation		84. Signature of cremation	
85. Signature of cremation		86. Signature of cremation		87. Signature of cremation		88. Signature of cremation	
89. Signature of cremation		90. Signature of cremation		91. Signature of cremation		92. Signature of cremation	
93. Signature of cremation		94. Signature of cremation		95. Signature of cremation		96. Signature of cremation	
97. Signature of cremation		98. Signature of cremation		99. Signature of cremation		100. Signature of cremation	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2627

BIRTH NO. 53 2627

1. NAME OF DECEASED
(Type or Print)

Sarah C. Biggs

2. DATE
OF
DEATH

Mar. 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Univ. Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE

Md.

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 20-07

D. STREET ADDRESS (If rural, give location)

518 Normandy

C. Length of stay in Baltimore

55

X Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

10-21-72

9. AGE (In years;
last birthday)

80

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

William A. Hopper

14. MOTHER'S MAIDEN NAME

Catherine Reynolds

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mrs. Reba Bachmann, 518 Normandy Ave.

18. 156 Rand, 260X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Pulmonary Embolus

INTERVAL BETWEEN
ONSET AND DEATH

10-15 min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)Metastatic Carcinoma Liver
ArteriosclerosisII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDIION CAUSING IT.

Diabetes Mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 2, 1953, to Mar. 11, 1953, that I last saw the
deceased alive on Mar. 11, 1953, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

C. E. Stennett

M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

3/11/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 14/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore 29, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M. D.

25. FUNERAL DIRECTOR

ADDRESS

Harry H. Hutzler, 4101 Edmondson Ave.

UNITED STATES DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of medical examiner		11. Signature of coroner		12. Signature of jury	
13. Signature of health officer		14. Signature of local health officer		15. Signature of local health officer		16. Signature of local health officer	
17. Signature of local health officer		18. Signature of local health officer		19. Signature of local health officer		20. Signature of local health officer	
21. Signature of local health officer		22. Signature of local health officer		23. Signature of local health officer		24. Signature of local health officer	
25. Signature of local health officer		26. Signature of local health officer		27. Signature of local health officer		28. Signature of local health officer	
29. Signature of local health officer		30. Signature of local health officer		31. Signature of local health officer		32. Signature of local health officer	
33. Signature of local health officer		34. Signature of local health officer		35. Signature of local health officer		36. Signature of local health officer	
37. Signature of local health officer		38. Signature of local health officer		39. Signature of local health officer		40. Signature of local health officer	
41. Signature of local health officer		42. Signature of local health officer		43. Signature of local health officer		44. Signature of local health officer	
45. Signature of local health officer		46. Signature of local health officer		47. Signature of local health officer		48. Signature of local health officer	
49. Signature of local health officer		50. Signature of local health officer		51. Signature of local health officer		52. Signature of local health officer	
53. Signature of local health officer		54. Signature of local health officer		55. Signature of local health officer		56. Signature of local health officer	
57. Signature of local health officer		58. Signature of local health officer		59. Signature of local health officer		60. Signature of local health officer	
61. Signature of local health officer		62. Signature of local health officer		63. Signature of local health officer		64. Signature of local health officer	
65. Signature of local health officer		66. Signature of local health officer		67. Signature of local health officer		68. Signature of local health officer	
69. Signature of local health officer		70. Signature of local health officer		71. Signature of local health officer		72. Signature of local health officer	
73. Signature of local health officer		74. Signature of local health officer		75. Signature of local health officer		76. Signature of local health officer	
77. Signature of local health officer		78. Signature of local health officer		79. Signature of local health officer		80. Signature of local health officer	
81. Signature of local health officer		82. Signature of local health officer		83. Signature of local health officer		84. Signature of local health officer	
85. Signature of local health officer		86. Signature of local health officer		87. Signature of local health officer		88. Signature of local health officer	
89. Signature of local health officer		90. Signature of local health officer		91. Signature of local health officer		92. Signature of local health officer	
93. Signature of local health officer		94. Signature of local health officer		95. Signature of local health officer		96. Signature of local health officer	
97. Signature of local health officer		98. Signature of local health officer		99. Signature of local health officer		100. Signature of local health officer	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2-0000

53 2628

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2628
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALLEN R. LEE

2. DATE
OF DEATH March 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

22-01

D. STREET ADDRESS (If rural, give location)

510 S. Hanover Street

c. Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

Aug. 19, 1892

9. AGE (In years
last birthday)

60

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Stationary Engineer

10B. KIND OF BUSINESS OR
INDUSTRY

Southern Hotel

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY

13. FATHER'S NAME

James F. Lee

14. MOTHER'S MAIDEN NAME

Agnes P. Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
220 14 910417. INFORMANT (SISTER) ADDRESS
Mrs. Emory Walsh, 2611 Halcyon Ave.

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary tuberculosis

ROETO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) Terminal pulmonary hemorrhage

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

III.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Williams

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒M.D. MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
March 12, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/14/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Pk.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 13 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Henry H. White

ADDRESS

4101 Edmondson Ave.

CERTIFICATE OF DEATH

Name of Deceased	
Age	
Sex	
Race	
Date of Death	
Place of Death	
Cause of Death	
Signature of Physician	
Signature of Registrar	
Date of Registration	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2629

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CORBIN, JULIA C.

2. DATE
OF
DEATH

3-12-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MD.

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

37 MERCY HOSP.

C. CITY OR TOWN

BALTO. (19) 5200

D. STREET ADDRESS (If rural, give location)

916 E. ST. SPARROWS PT.

c. Length of stay in Baltimore

55

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

1-14-78

9. AGE (in years
last birthday)

75

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY

U.S.

13. FATHER'S NAME

JAMES J. SULLIVAN

14. MOTHER'S MAIDEN NAME

HANNAH KENNEDY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.

NO

17. INFORMANT

ADDRESS

M.C. CORBIN - HUSBAND - SAME

18. 517X and 237X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Pneumonia, bronch

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Laryngeal paralysis, old.

(C)

Possible brain tumor

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Chronic atrial senile

19A. DATE OF OPERATION

2-16-53

19B. MAJOR FINDINGS OF OPERATION

Chronic atrial senile

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m. WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB 16, 1953, to Mar 12, 1953, that I last saw the
deceased alive on Mar 12, 1953, and that death occurred at 4:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Frank J. Thunhauff

M. D.

23B. ADDRESS

Mary Hospital

23C. DATE SIGNED

12 MAR 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

3-14-53

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER

24D. LOCATION (City, town, or county)

BALTO, MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

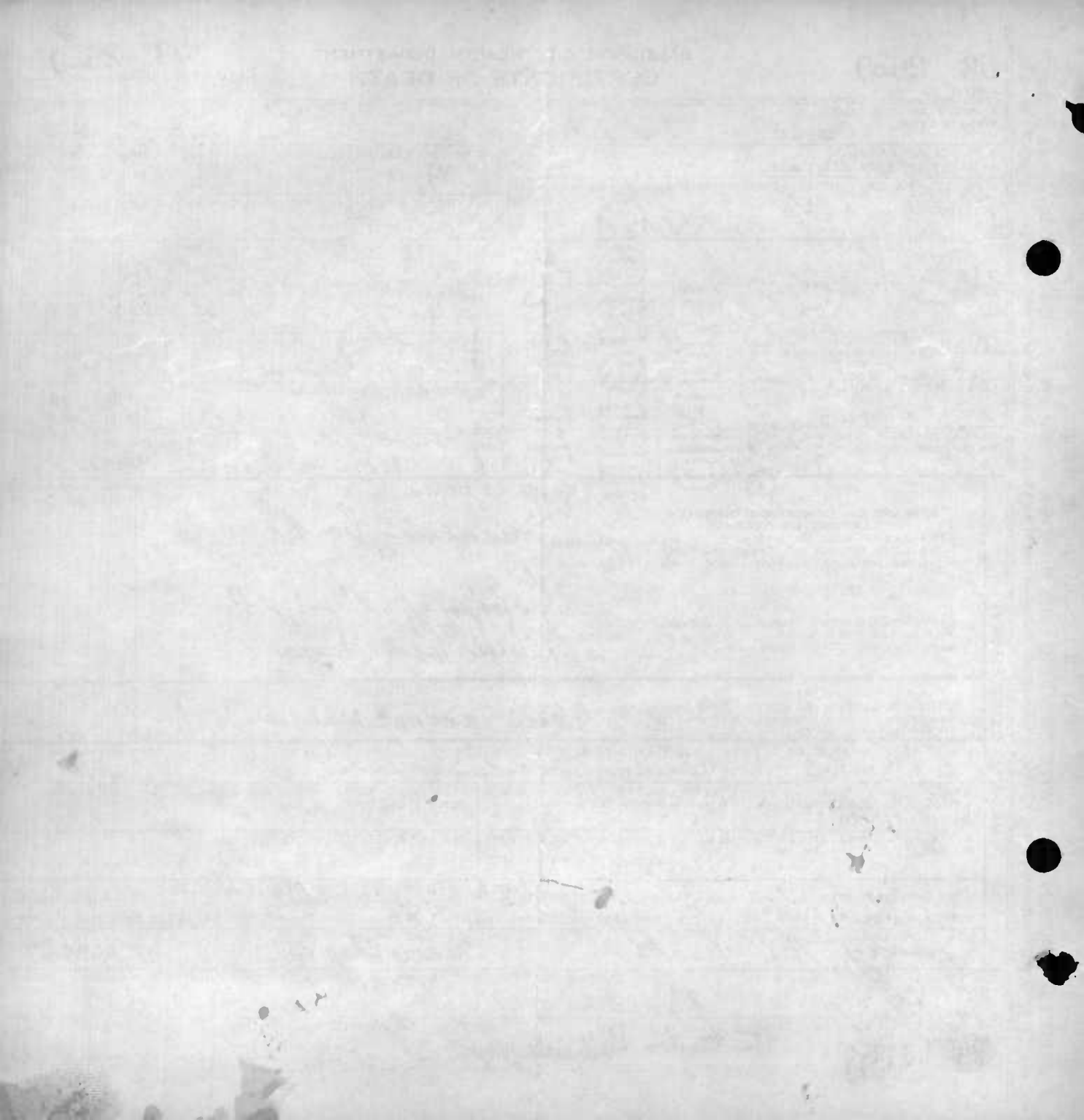
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Barks Bradley, Daniel

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2630

BIRTH NO. 53 2630		1. NAME OF DECEASED (Type or Print) <i>Marquente Coome</i>		2. DATE OF DEATH <i>Mar. 12-1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 17-01</i>			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1728 W. Franklin St.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>1887</i>	9. AGE (in years last birthday) <i>65</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>H. Wife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Prince Geo Co. Ind U.S.A</i>	
13. FATHER'S NAME <i>Chafton Newman</i>		14. MOTHER'S MAIDEN NAME <i>Mary ?</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>330X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Subarachnoid hemorrhage</i> DUE TO (A) <i>Congenital aneurysm</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i>			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Congenital aneurysm</i> DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>3-12-53</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3-2-1953</i> to <i>3-12-1953</i> , that I last saw the deceased alive on <i>3-12-1953</i> , and that death occurred at <i>8:55 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>William W. Hill</i> M. D.		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>3-12-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/14/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Auburn</i>	
24D. LOCATION (City, town, or county) <i>Balto. Md.</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 13 1953</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Geo. S. Kelson</i>		ADDRESS <i>1303 Presatman St</i>			

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF BIRTH		PLACE OF BIRTH	
JAMES EARL RAY		35		M		W		JAN 5 1928		MOBILE, ALABAMA	
RESIDENCE		OCCUPATION		CAUSE OF DEATH		MANNER OF DEATH		DATE OF DEATH		PLACE OF DEATH	
1000 E. CALVERT ST. APT. 10		ATTORNEY		HEART DISEASE		NATURAL		JAN 6 1968		BALTIMORE, MARYLAND	
FAMILY PHYSICIAN		ATTENDING PHYSICIAN		CORONER		BURIAL		DATE OF BURIAL		PLACE OF BURIAL	
DR. J. H. SMITH		DR. J. H. SMITH		JOHN J. SMITH		CATHOLIC		JAN 8 1968		MOUNT RAINIER CEMETERY	
FAMILY PHYSICIAN		ATTENDING PHYSICIAN		CORONER		BURIAL		DATE OF BURIAL		PLACE OF BURIAL	
DR. J. H. SMITH		DR. J. H. SMITH		JOHN J. SMITH		CATHOLIC		JAN 8 1968		MOUNT RAINIER CEMETERY	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

-140

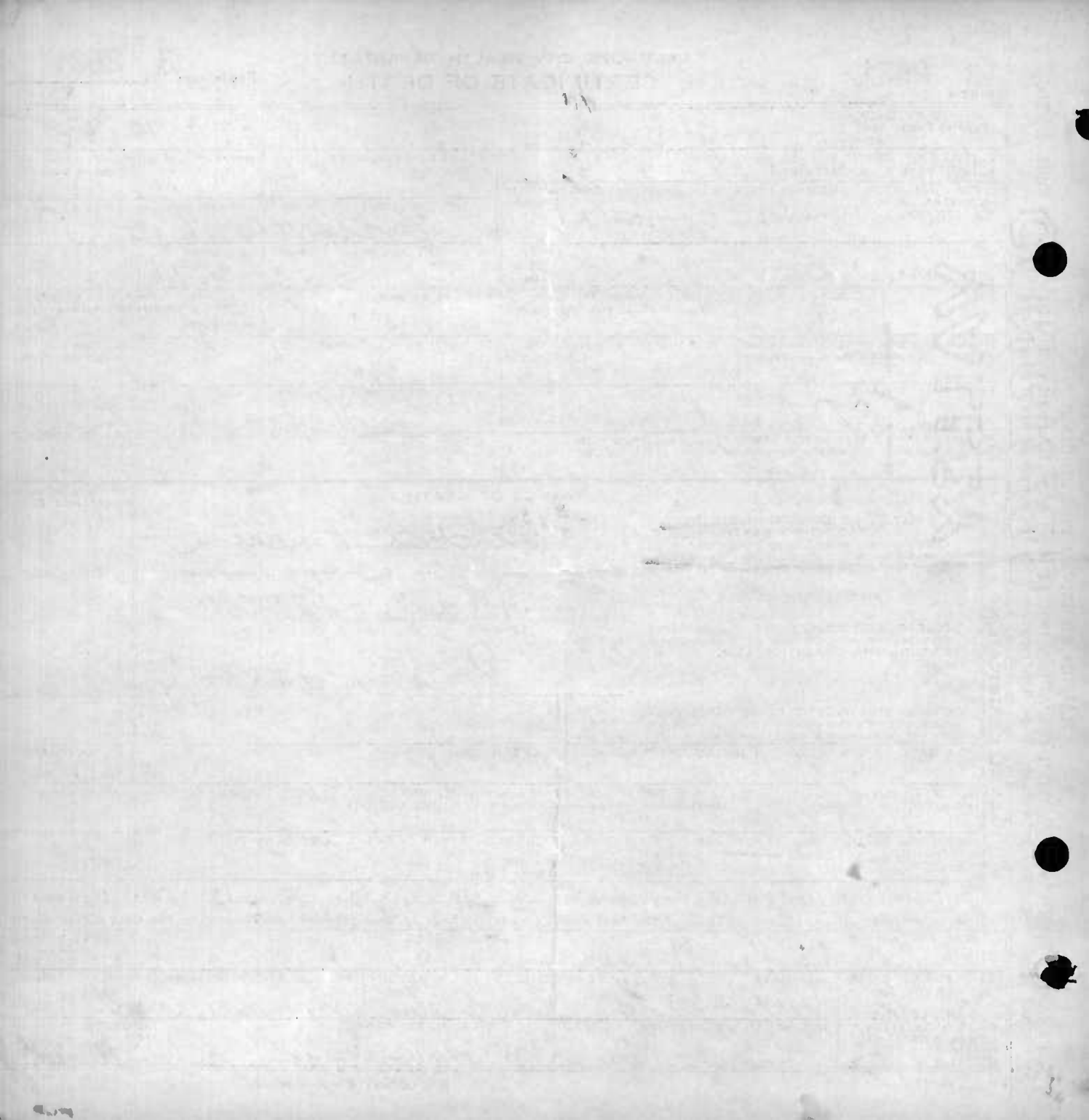
53 2631
BIRTH NO. 63-05871BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2631

1. NAME OF DECEASED (Type or Print) BABY BOY DUVAL			2. DATE OF DEATH 3.12.53		
3. PLACE OF DEATH: A. Baltimore City, Maryland. 2. H.			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE md B. COUNTY Carroll		
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sykesville, Balto.		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) Sykesville 5600		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 3.11.53	9. AGE (In years: last birthday) 18	10. Under 1 Year: Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MO.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Raymond Duval			14. MOTHER'S MAIDEN NAME Helen Lee Thomas		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or Unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. 762.5	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Cerebral Anoxia	
DUE TO			
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Atalectasis	
DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) Prematurity	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3.12.1953 to 3.12.1953 that I last saw the deceased alive on 3.12.1953 , and that death occurred at 3:45 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE P. G. Menon M.D.		23B. ADDRESS 2. H.		23C. DATE SIGNED 3.12.53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/14/53		24C. NAME OF CEMETERY OR CREMATORY Springfield Cemetery	
24D. LOCATION (City, town, or county) Sykesville Carroll Ind.		25. FUNERAL DIRECTOR Wear & Haight Sykesville, Ind.			
DATE RECEIVED BY LOCAL REGISTRAR MAR 13 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			



53 2632

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2632

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNIE M. WILSON

2. DATE
OF
DEATH

Mar: 11 ; 53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

422 South Smallwood Street

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

BALTIMORE CITY

20-05

D. STREET ADDRESS (If rural, give location)

422 South Smallwood Street

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

SEPT: 2:1876

9. AGE (In years
last birthday)

76

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

AT HOME

11. BIRTHPLACE (State or foreign country)

BALTIMORE MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

AUGUST SCHAEFF

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

LILLIAN M. WILSON..422 S.Smallwood

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Feb 7, 1953 to March 11, 1953 that I last saw the
deceased alive on March 11, 1953, and that death occurred at 5:15 A.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

2151 Wilkens Ave.

Mar:13:53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

MAR: 14: 53

LOUDON PARK CEMETERY

BALTIMORE MARYLAND

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

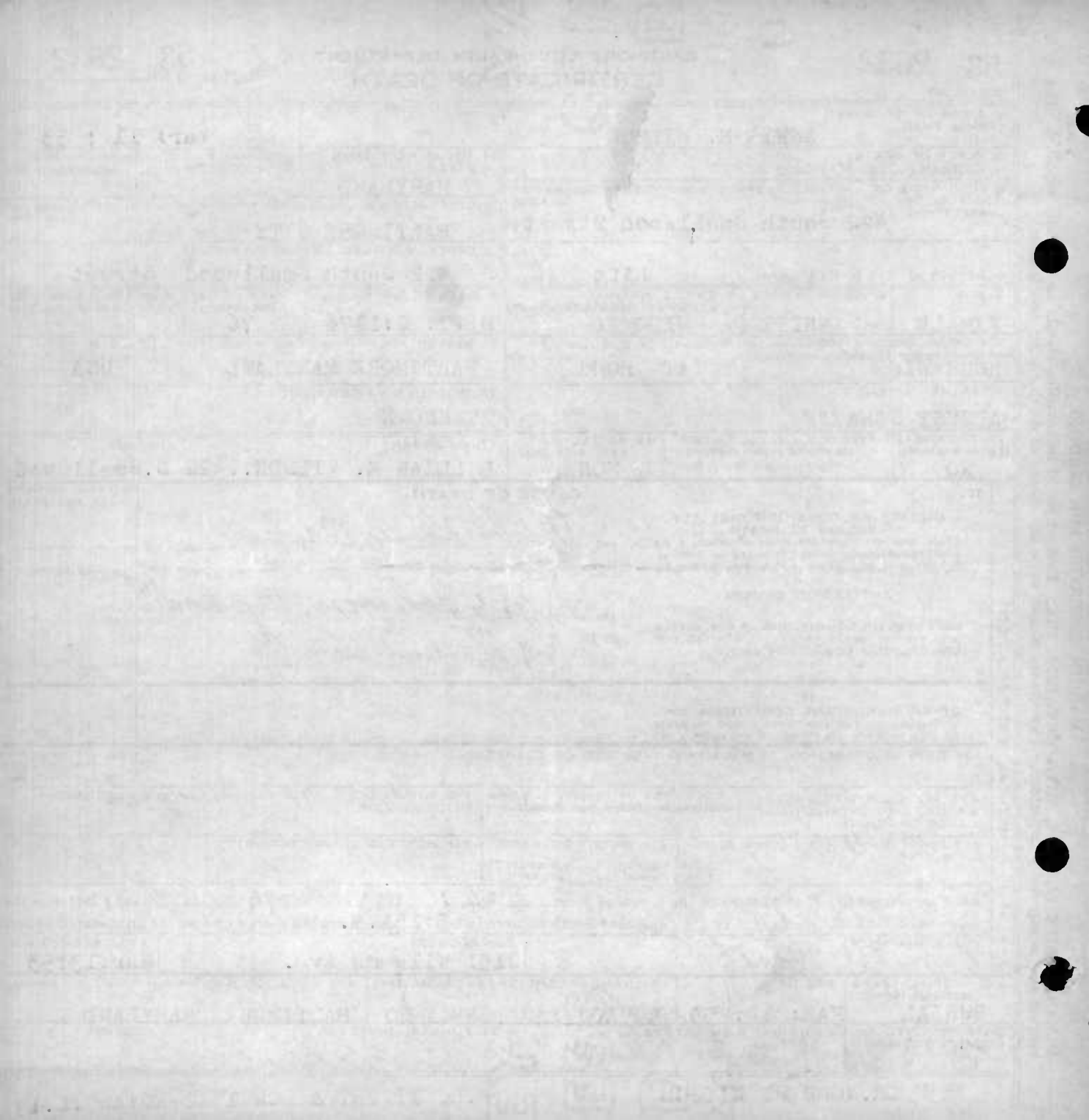
25. FUNERAL DIRECTOR

ADDRESS

VS 150

DR. NORBERT NITSCH

F.B. WIPPERT & SON 1300 EUTAW PL. 17



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2633
Registered No. _____

BIRTH NO. 53 2633		1. NAME OF DECEASED (Type or Print) ANNA L. PIQUETT - Anna L. Piquett		2. DATE OF DEATH 3/10/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE md. B. COUNTY		5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore #23 20-02	
6. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital		7. STREET ADDRESS (If rural, give location) 410 Poplar Grove St.		8. DATE OF BIRTH 9-27-98	
c. Length of stay in Baltimore ? Life		9. AGE (in years last birthday) 54		10. Under 1 Year Months: Days	
5. SEX Female		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) md.	
13. FATHER'S NAME Henry Schlaich		14. MOTHER'S MAIDEN NAME Mary Reichert		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Edward P. Piquett - Son	
18. 170X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Carcinomatosis of both lungs.			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Carcinoma of breast			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-30 , 19 53 to 3-10 , 19 53 , that I last saw the deceased alive on 3-10 , 19 53 , and that death occurred at 450Am. , from the causes and on the date stated above.					
23A. SIGNATURE H. Mauck Jr.		23B. ADDRESS St. Agnes Hosp.		23C. DATE SIGNED 3-10-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-13-53		24C. NAME OF CEMETERY OR CREMATORY Louisa Park	
24D. LOCATION (City, town, or county) Balto. 29 Md.		24E. NAME OF CEMETERY OR CREMATORY		24F. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR MAR 13 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Ed. J. P. Piquett & Son	
VS 150					

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

53 2634

53 2634

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

CHARLES EDWARD BURGAN

2. DATE
OF DEATH Mar. 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF
HOSPITAL OR INSTITUTE (If not in hospital or institution, give street address or location)

Edgewood Nursing Home

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2512 N. Calvert St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 7, 1860

9. AGE (In years
last birthday)

92

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk (rtd)

10B. KIND OF BUSINESS OR
INDUSTRYBalto. City
Highways

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Burgan

14. MOTHER'S MAIDEN NAME

Charlotte Brady

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL
SECURITY NO.
none

17. INFORMANT

ADDRESS

Miss Charlotte M. Burgan - 2512 N. Calvert

18. 420.0

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

Indef.

Indef.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Coronary Arteriosclerosis

Indef.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1951, to Mar 1953, that I last saw the
deceased alive on 10 Mar 1953, and that death occurred at 5:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

2020 N Charles St

12 Mar 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/13/53

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn C em.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

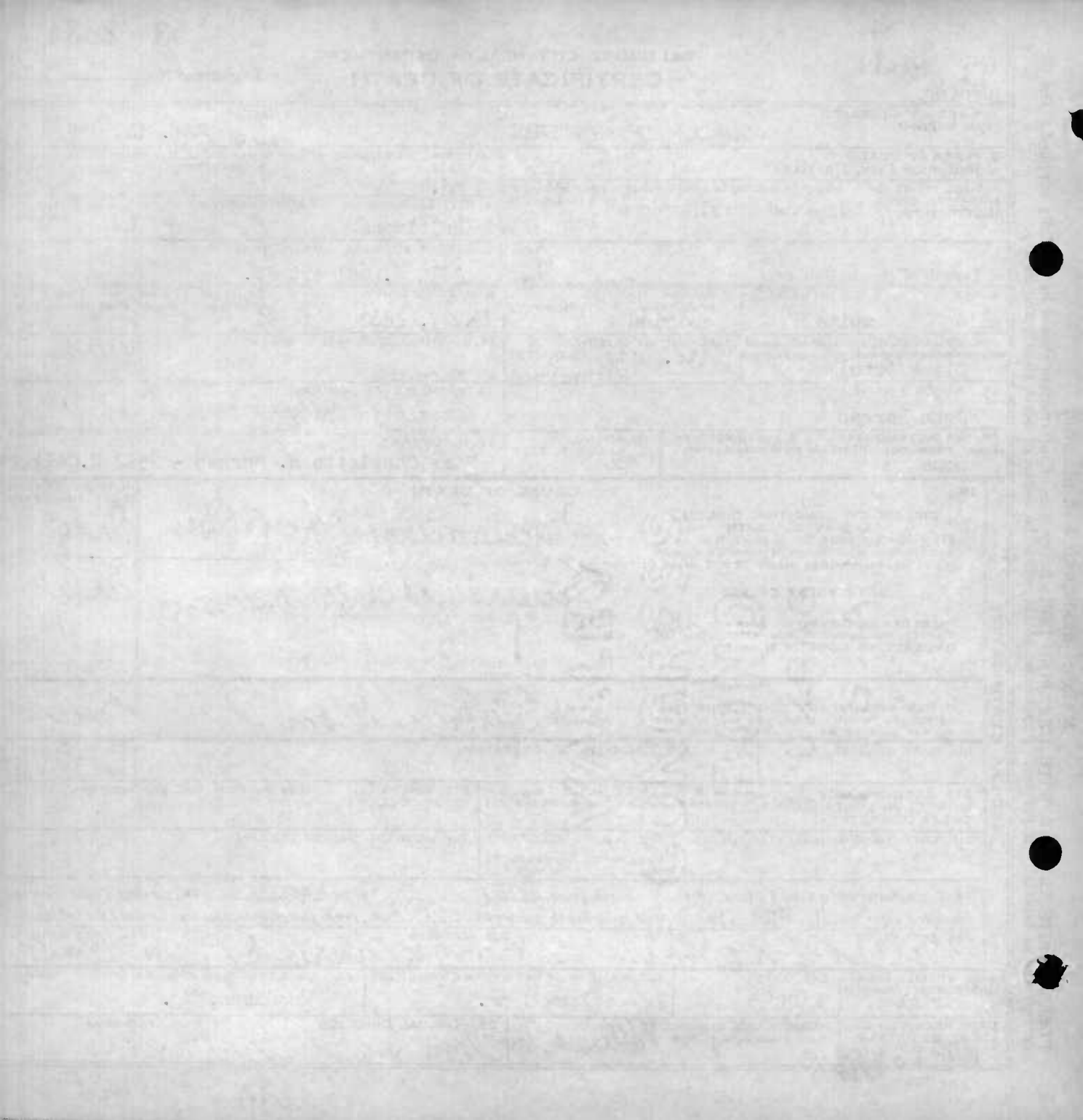
MAR 13 1953

Huntington Williams, M.D.

J. Vickers & Sons

Balto 17, Md.

VS 150



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Herbert L. Hamlett</i>			2. DATE OF DEATH <i>3-9-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>St. Joseph's Hospital</i>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Joseph's Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto., 13-Md-8-01</i>		
D. STREET ADDRESS (If rural, give location) <i>1400-N. Caroline St.</i>			E. STREET ADDRESS (If rural, give location) <i>1330-N. Bond</i>		
c. Length of stay in Baltimore <i>Several years</i>			Yrs. <i></i> Mos. <i></i> Days <i></i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>2/13-1899</i>		9. AGE (in years last birthday) <i>54</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i></i>		11. BIRTHPLACE (State or foreign country) <i>La</i>	
13. FATHER'S NAME <i>Cliff. Hamlett</i>			14. MOTHER'S MAIDEN NAME <i>Medience Lawson</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i></i>		17. INFORMANT ADDRESS <i>Laura Hamlett, 1330-N. Bond</i>	

18. <i>480X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Broncho-Pneumonia</i>		CAUSE OF DEATH <i>Broncho-Pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 wk.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Influenza causing</i>		DUE TO <i>Coronary Thrombosis</i>		<i>1 wk.</i>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(B) <i></i>			
		(C) <i></i>			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3-5-53</i> , to <i>3-9-53</i> , that I last saw the deceased alive on <i>3-9-53</i> , and that death occurred at <i>7:10 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Dr. R. Blake</i>		23B. ADDRESS <i>1603-N. Caroline</i>		23C. DATE SIGNED <i>3-11-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/13/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary Cemetery</i>	
24D. LOCATION (City, town, or county) <i>A. A. Co. Md</i>		24E. STATE <i>MD</i>		24F. DATE RECEIVED BY LOCAL REGISTRAR	
24G. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		24H. FUNERAL DIRECTOR <i>Robert E. Williams</i>		24I. ADDRESS <i>1515 Mt. Vernon</i>	

STATE OF NEW YORK
CERTIFICATE OF DEATH

Name of Deceased		Date of Birth	
Sex		Race	
Marital Status		Place of Birth	
Cause of Death		Date of Death	
Place of Death		Time of Death	
Signature of Physician		Signature of Registrar	
Signature of Coroner		Signature of Medical Examiner	
Signature of Burial Officer		Signature of Cemetery Officer	
Signature of Undertaker		Signature of Funeral Home	
Signature of Family		Signature of Friends	
Signature of Church		Signature of Community	
Signature of State		Signature of Nation	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2836

L-520
53 2836
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Anna E. Loomis</i>			2. DATE OF DEATH <i>Mar. 12, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Hartford</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Univ. Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Belair</i>		
C. Length of stay in Baltimore <i>50</i> Yrs. <i>14</i> Mos. <i>2</i> Days			D. STREET ADDRESS (If rural, give location) <i>6200</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>11/24/78</i>	9. AGE (In years last birthday) <i>74</i>	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>	11. BIRTHPLACE (State or foreign country) <i>Md.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>S. Richard Grimes</i>			14. MOTHER'S MAIDEN NAME <i>? Anna Bell</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>James E. Loomis Bel Air, Md.</i>		
18. <i>434.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) <i>Multiple pulmonary emboli</i> DUE TO (B) <i>Auricular fibrillation</i> DUE TO (C) <i>Congestive failure</i> INTERVAL BETWEEN ONSET AND DEATH <i>2 wks</i>			II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Gen. Arteriosclerosis</i>		
19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Mar. 2, 1953</i> , to <i>Mar. 12, 1953</i> , that I last saw the deceased alive on <i>Mar. 12, 1953</i> , and that death occurred at <i>11:27 AM.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>C. E. Stennett</i> M.D.		23B. ADDRESS <i>Univ. Hospital</i>		23C. DATE SIGNED <i>3/12/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Mar 15 1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>CHURCH OF THE BRETHREN LONG GREEN BALTO. Co.</i>		24D. LOCATION (City, town, or county) (State) <i>Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 13 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>H. K. McCOMAS</i>		ADDRESS <i>ABINGDON, MD.</i>	

3/25/

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2837

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Ellen Jenkins

2. DATE
OF
DEATH

3-11-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Melchor Nursing Home - 2327 N. Charles St

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2006 Cliftwood Ave. - #13

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

Married

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Sept. 22-1895

9. AGE (in years
last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Thomas J. McCreer

14. MOTHER'S MAIDEN NAME

Mary Crimmings

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Harren V. Jenkins - 2006 Cliftwood Ave.

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Bronchopneumonia

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Generalized Arteriosclerosis

?

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 4/30, 1952, to 3/11/53, that I last saw the
deceased alive on 3/11, 1953, and that death occurred at 1:57 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Harrell L. Linn

M. D.

1261 E. North St.

3.12.53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

3-14-53

Parkwood Cem.

Taylor Ave. - Balto. - Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 13 1953

Huntington Williams, M.D. John C. Miller Inc. - 2731 E. Oliver St. #13

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2638

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Sally Jones*2. DATE
OF
DEATH*3/7/53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

*Baltimore Md.*B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)*University of Md*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

927 Penna Ave

c. Length of stay in Baltimore

*3 Months*Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

?

9. AGE (in years

last birthday)

57

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Tobacco Factory

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Martin

14. MOTHER'S MAIDEN NAME

Minnie Roberts

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*Elsie Redic - 927 Penna. Ave*18. *022X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

*Trachea Occlusion**5.*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

*Arterio Sclerosis**?*

DUE TO

(C)

*Syphilis C.V.D.**?*

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3/2* 19*53* to *3/7* 19*53* that I last saw the deceased alive on *3/7* 19*53* and that death occurred at *5⁰⁰ A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

G. Alderman

M. D.

23B. ADDRESS

Univ. Hosp.

23C. DATE SIGNED

3/7/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*15133**Huntington Williams, M.D.**Cl. Halstead - 918 - Druid Hill Ave*

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

John Doe
Manner of Death
Cause of Death

John Doe
Manner of Death
Cause of Death

MARGIN RESERVED FOR BINDING

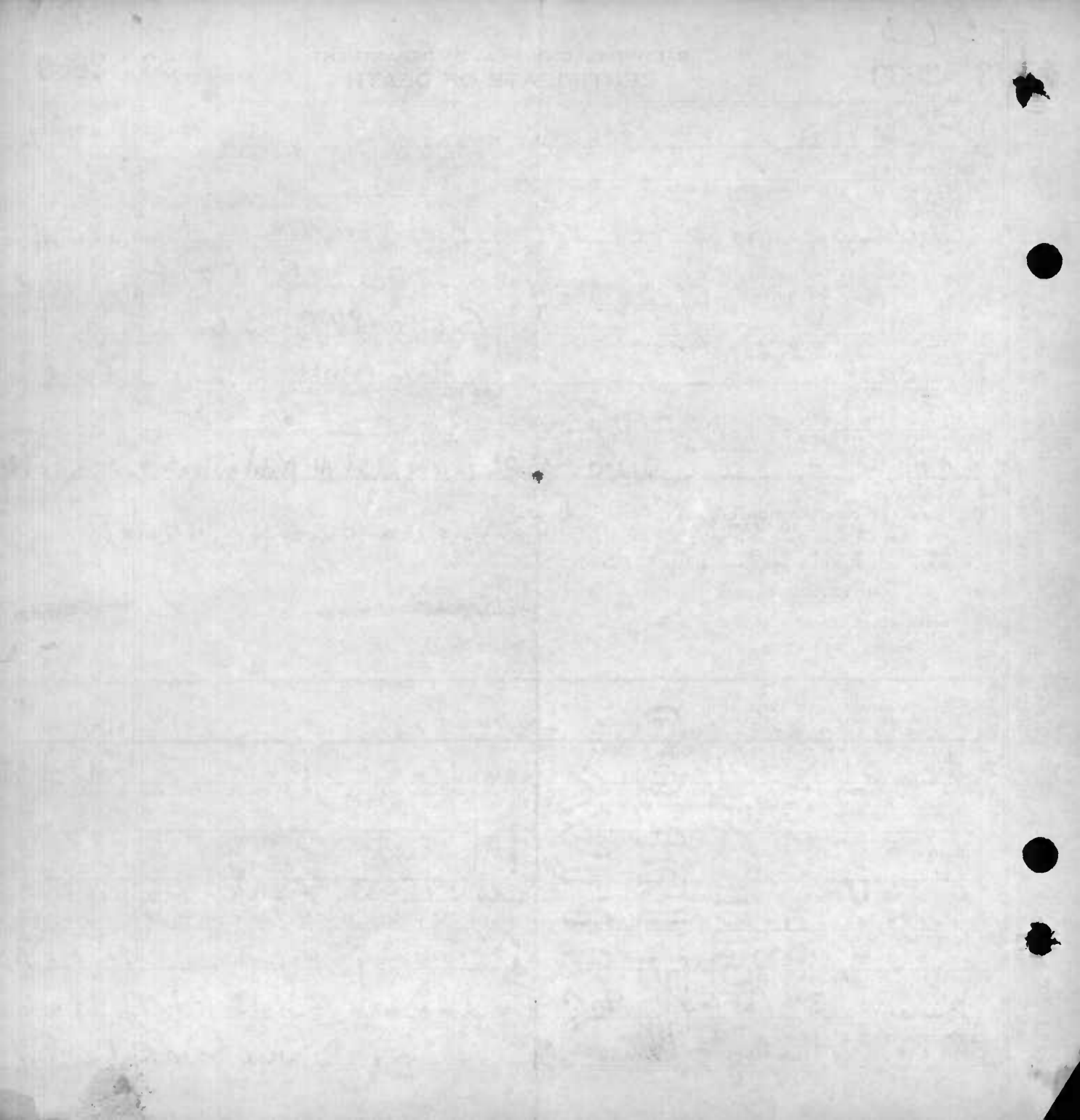
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-465
53 2839

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2839

1. NAME OF DECEASED (Type or Print) <u>Henry C. Kohlerman</u>			2. DATE OF DEATH <u>March 12, 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md</u> B. COUNTY <u>Baltimore</u>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercy Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>5200</u>		
c. Length of stay in Baltimore <u>66</u>			D. STREET ADDRESS (If rural, give location) <u>7207 Belair Rd #6</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>66</u>	8. DATE OF BIRTH <u>Feb 10 1887</u>	9. AGE (In years last birthday) <u>66</u>	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13. FATHER'S NAME <u>Nicholas Kohlerman</u>			14. MOTHER'S MAIDEN NAME <u>Mary Garvis</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>212-03-0686</u>	17. INFORMANT ADDRESS <u>Margaret M. Kohlerman 7207 Belair</u>		
18. <u>541.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Perforated duodenal ulcer 19 days</u>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Aspirin</u>			(B) <u>Aspirin</u>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Nephrosis</u>			<u>Unknown</u>		
19A. DATE OF OPERATION <u>Feb 21, 1953</u>			19B. MAJOR FINDINGS OF OPERATION <u>Perforated duodenal ulcer</u>		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>Feb 21, 1953</u> to <u>March 12, 1953</u> that I last saw the deceased alive on <u>March 12, 1953</u> , and that death occurred at <u>6:00 p.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Robert A. Moore Jr.</u>			23B. ADDRESS <u>Mercy Hospital</u>		23C. DATE SIGNED <u>March 12, 1953</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24B. DATE <u>3-16-53</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Holy Redeemer</u>		
24D. LOCATION (City, town, or county) <u>Baltimore</u>		24E. LOCATION (City, town, or county) <u>Baltimore</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 13 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR ADDRESS <u>Duppel Bros 7110 Belair Rd.</u>	



M-635
53 2640

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2640

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Laura A. Martin		March 12, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Long Green Nursing Home		C. CITY OR TOWN (If outside corporate limits, with RURAL and give township) Baltimore			
c. Length of stay in Baltimore Life Mos. Days		D. STREET ADDRESS (If rural, give location) 301 E. University Parkway			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec 18, 1872	9. AGE (In years last birthday) 80	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
13. FATHER'S NAME John J. Hibline		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Miss Davette Martin 301 E. University Pky	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Cardiovascular disease DUE TO disease		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Generalized arteriosclerosis					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1951 19, to 3-12, 1953 that I last saw the deceased alive on 3-11, 1953, and that death occurred at 4:15 p.m., from the causes and on the date stated above.					
23A. SIGNATURE M. L. Sugrue		23B. ADDRESS 11 E. Charette		23C. DATE SIGNED 3-13-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/14/53		24C. NAME OF CEMETERY OR CREMATORY Loudon Park	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		24E. NAME OF CEMETERY OR CREMATORY Loudon Park		24F. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR MAR 13 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS H. H. Means & Son - 805 N. Calvert St.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2641**

53 2641
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Thomas Gorsuch Young			2. DATE OF DEATH 3-11-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1305 Park Avenue		
5. SEX M	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 30, 1894	9. AGE (In years last birthday) 68	H Under 1 Year Months: Days H Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Executive		10B. KIND OF BUSINESS OR INDUSTRY Fidelity Trust	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME MR James Young			14. MOTHER'S MAIDEN NAME Sarah Jane Gorsuch		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO.	17. INFORMANT Wife ADDRESS SAME		

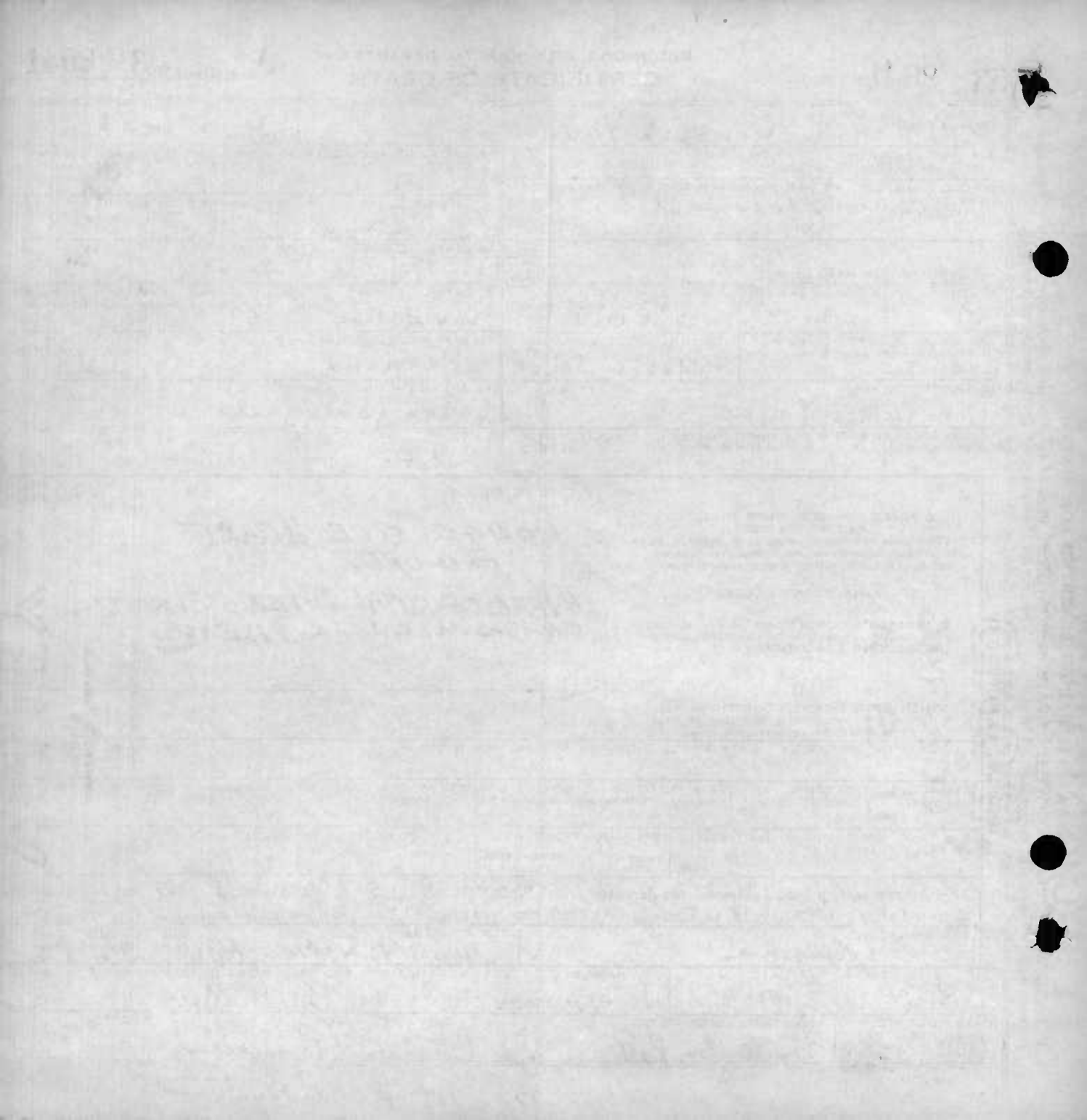
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) CONGESTIVE HEART FAILURE DUE TO (B) HYPERTENSIVE ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 8, 1953 , to March 11, 1953 , that I last saw the deceased alive on March 11, 1953 , and that death occurred at 2.50 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Alfred J. ...		23B. ADDRESS UNION MEMORIAL HOSP M. D.		23C. DATE SIGNED 3/11/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 3/14/53		24C. NAME OF CEMETERY OR CREMATORY GREEN MOUNT	
24D. LOCATION (City, town, or county) BALTO MD.					
DATE RECEIVED BY LOCAL REGISTRAR MAR 13 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Charles H. Evans ADDRESS 29071 118 W Mt Royal Ave	

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2842
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDMUND M EVANS

2. DATE
OF
DEATH

3/12/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

MERCY Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

MD

C. CITY OR TOWN

BALTO

(If outside corporate limits, write RURAL and give township)

27-12

D. STREET ADDRESS (If rural, give location)

5804 York RD

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

April 9 1879

9. AGE (In years
last birthday)

73

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Linotype operator

10B. KIND OF BUSINESS OR
INDUSTRY

News-Post

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

ANDREW EVANS

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

215-10-8855

17. INFORMANT

ALBERTA EVANS

ADDRESS

5804 York RD

18. 420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Coronary Thrombosis

DUE TO Hypertension on Cardio

(B) Vascular Renal disease

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1/2 hr.

5 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 5, 1953, to Mar. 12, 1953, that I last saw the
deceased alive on Mar. 10, 1953, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Lloyd E. Saylor

23B. ADDRESS

3902 Greenmount Mar. 12, 1953

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

3/16/53

24C. NAME OF CEMETERY OR CREMATORY

LONDON PARK CEM

24D. LOCATION (City, town, or county)

BALTO MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Charles H. Evans & Son

ADDRESS

512 4th 118 W. Mt. Payalbre

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of coroner		17. Signature of jury		18. Signature of jury	
19. Signature of jury		20. Signature of jury		21. Signature of jury	
22. Signature of jury		23. Signature of jury		24. Signature of jury	
25. Signature of jury		26. Signature of jury		27. Signature of jury	
28. Signature of jury		29. Signature of jury		30. Signature of jury	
31. Signature of jury		32. Signature of jury		33. Signature of jury	
34. Signature of jury		35. Signature of jury		36. Signature of jury	
37. Signature of jury		38. Signature of jury		39. Signature of jury	
40. Signature of jury		41. Signature of jury		42. Signature of jury	
43. Signature of jury		44. Signature of jury		45. Signature of jury	
46. Signature of jury		47. Signature of jury		48. Signature of jury	
49. Signature of jury		50. Signature of jury		51. Signature of jury	
52. Signature of jury		53. Signature of jury		54. Signature of jury	
55. Signature of jury		56. Signature of jury		57. Signature of jury	
58. Signature of jury		59. Signature of jury		60. Signature of jury	
61. Signature of jury		62. Signature of jury		63. Signature of jury	
64. Signature of jury		65. Signature of jury		66. Signature of jury	
67. Signature of jury		68. Signature of jury		69. Signature of jury	
70. Signature of jury		71. Signature of jury		72. Signature of jury	
73. Signature of jury		74. Signature of jury		75. Signature of jury	
76. Signature of jury		77. Signature of jury		78. Signature of jury	
79. Signature of jury		80. Signature of jury		81. Signature of jury	
82. Signature of jury		83. Signature of jury		84. Signature of jury	
85. Signature of jury		86. Signature of jury		87. Signature of jury	
88. Signature of jury		89. Signature of jury		90. Signature of jury	
91. Signature of jury		92. Signature of jury		93. Signature of jury	
94. Signature of jury		95. Signature of jury		96. Signature of jury	
97. Signature of jury		98. Signature of jury		99. Signature of jury	
100. Signature of jury		101. Signature of jury		102. Signature of jury	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2843

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Coleman, Mr. Capt. Robertson2. DATE
OF
DEATH3-13-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Church Home & Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

7039 Dunbar Road DUNBAR Rd

C. Length of stay in Baltimore

16Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

March 22-1907

9. AGE (in years

last birthday)

45

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Royd Robertson

14. MOTHER'S MAIDEN NAME

Sottie Elder

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

-

17. INFORMANT

Davien

ADDRESS

18. 170X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cancer of the breast

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Congestive heart failure

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

4 years1 year

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-3- 1953, to 3-13- 1953 that I last saw the deceased alive on 3-13- 1953 and that death occurred at 4:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

Church Home & Hospital, Balto, Md 3-13-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

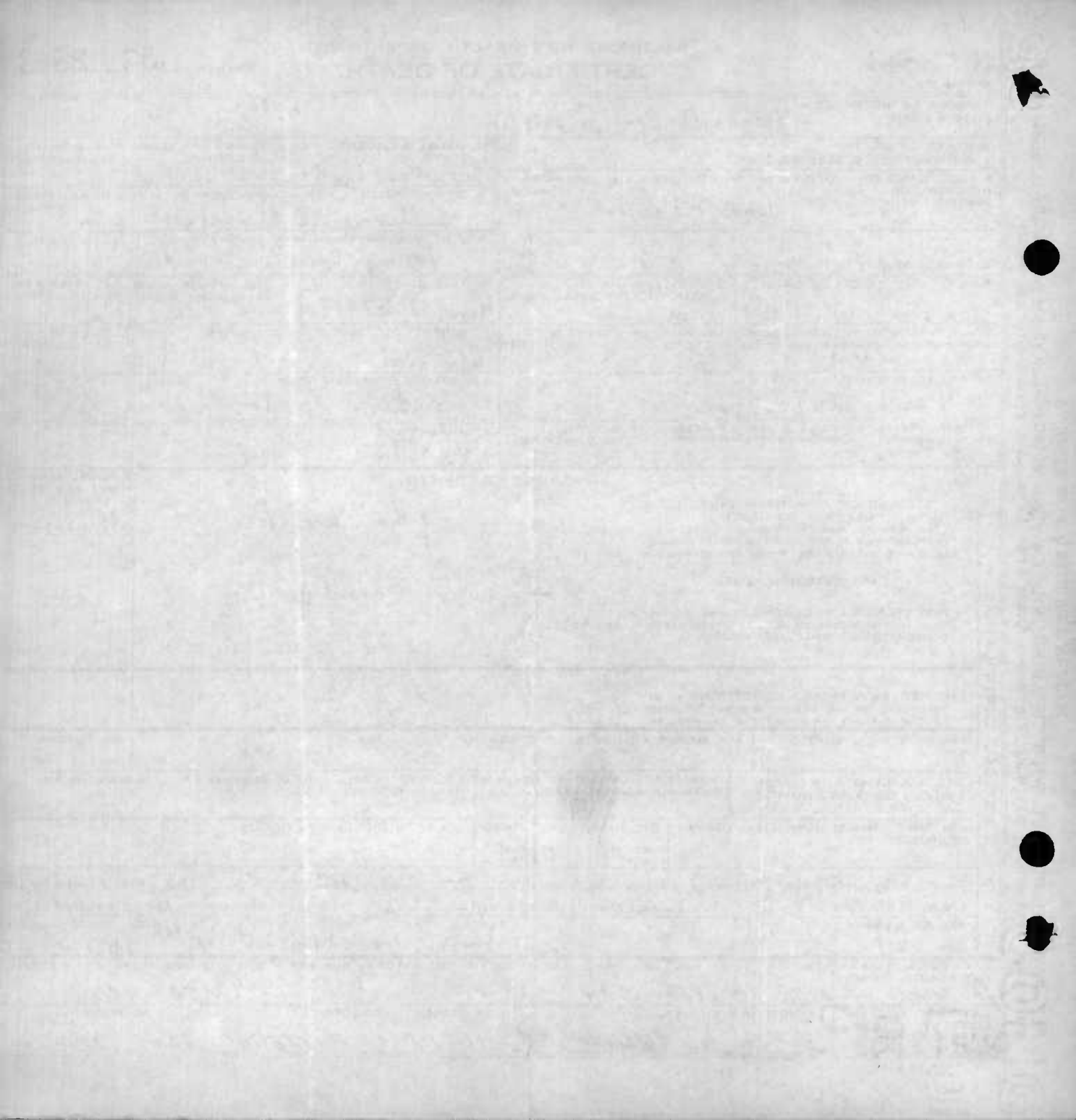
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

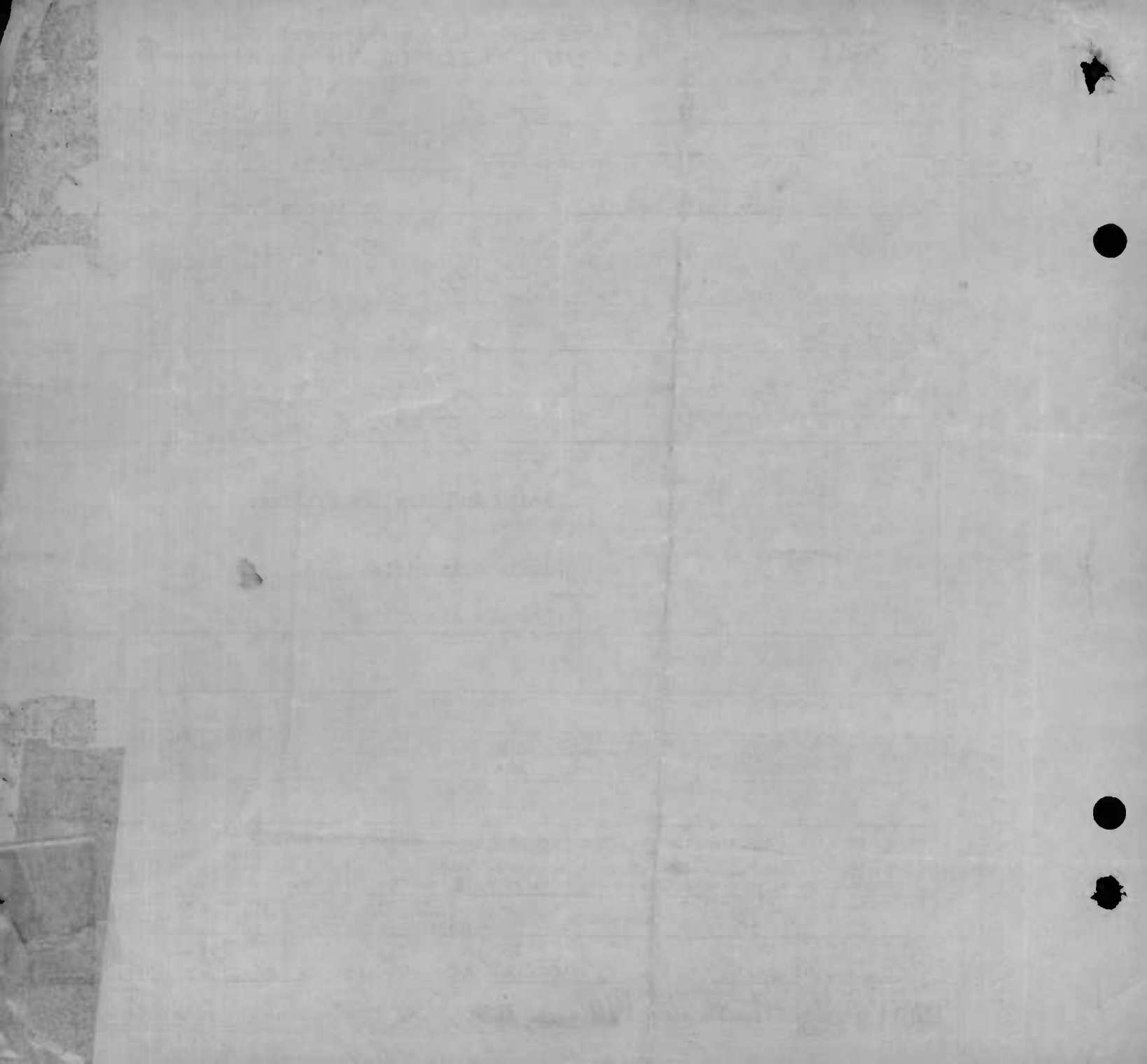
MAR 13 1953Huntington WilliamsULLRICH FUNERAL HOME DUNBAR



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 53 2844
1. NAME OF DECEASED (Type or Print)		WILBUR EPPS		2. DATE OF DEATH March 10, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 317 N. Diamond Street		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 26, 1907	9. AGE (In years last birthday) 45
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Pa
13. FATHER'S NAME Isaiah Epps		14. MOTHER'S MAIDEN NAME Maggie		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Joseph Swain
18. 581.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fatty infiltration of liver DUE TO Acute bronchitis Chronic alcoholism		INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT				
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE R. J. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED March 10, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 15/53		24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem
24D. LOCATION (City, town, or county) (State) A. A. County Md		25. FUNERAL DIRECTOR Huntington Williams, M.D. 97099 1124 N. Calhoun St		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 2845**

BIRTH NO. **2845**

1. NAME OF DECEASED (Type or Print) EMMA M. DREWS			2. DATE OF DEATH MAR. 12 - 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3501 Keene Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give to township) BALTIMORE 27-47		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3501 Keene Ave.		
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 2 - 1882	9. AGE (In years last birthday) 70	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT Home			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) West Bend, Wisc.
13. FATHER'S NAME Louis Geier			14. MOTHER'S MAIDEN NAME Margaret Schmidt		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT MR. Louis O. Drews -			ADDRESS 3501 Keene Ave		

18. 443x and 199x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) myocardial disease		INTERVAL BETWEEN ONSET AND DEATH 2 days
DUE TO (A)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. hypertensive cardiovascular disease		
DUE TO (B)		
generalized arteriosclerosis		
DUE TO (C)		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
distal squamous cell carcinoma chest wall? hypertrophic arthritis

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April 1952**, to **March 1953**, that I last saw the deceased alive on **March 12, 1953**, and that death occurred at **6 A. M.**, from the causes and on the date stated above.

23A. SIGNATURE Robert Mazer	23B. ADDRESS 5716 Resadale Ave	23C. DATE SIGNED March 13, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/16/53	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem.
24D. LOCATION (City, town, or county) (State) BALTO Md.	25. FUNERAL DIRECTOR L. J. Luck	
DATE RECEIVED BY LOCAL REGISTRAR MAR 13 1953	REGISTRAR'S SIGNATURE H. H. H. H.	ADDRESS 5305 Harford Rd

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. Physicians: please write the causes of death clearly and legibly. correct age especially important.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2846

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUIS SINGLE

2. DATE
OF
DEATH

Mar. 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2925 Dillon Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2925 Dillon Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

July 26, 1880

9. AGE (in years
last birthday)

72

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Elec. Engineer

10B. KIND OF BUSINESS OR
INDUSTRY

Copper Mill

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Frederick Single

14. MOTHER'S MAIDEN NAME

Elizabeth Snyder

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

212-10-1713

17. INFORMANT 2925 Dillon Street
Mrs. Barbara Single

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerosis C. V. D.

10 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cerebral Hemorrhage 2 yrs.

(C) myocardial Infarction 5 wks.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1/1950 to 3/12/1953 that I last saw the
deceased alive on 3/11/1953 and that death occurred at 7 A.M., from the causes and on the date stated above.

23A. SIGNATURE

S. Karl Brown M.D.

23B. ADDRESS

12124 Patterson Park 3/13/53

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

3/16/53

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

BALTO., 13, MD.

ADDRESS

Dong F. Sander



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 2847**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IRENE E. SONGER

2. DATE OF DEATH **March 11, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

928 W. North Avenue

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH

Oct. 15, 1915

9. AGE (in years last birthday)

37

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Fountain Manager

10B. KIND OF BUSINESS OR INDUSTRY

Reads Drug Store

11. BIRTHPLACE (State or foreign country)

Frederick, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles Staub

14. MOTHER'S MAIDEN NAME

Ethel Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Samuel Songer, 928 W. North Avenue

18. **E974X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Asphyxiation due to hanging**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

928 W. North Avenue

21D. TIME (Month) (Day) (Year) (Hour)

Found: 3/11/53 4:30 P.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Hanged self in doorway with clothesline

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

RBFisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED
March 12, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/14/53

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

Baltimore County, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. & M. Cook, Inc.

25. FUNERAL DIRECTOR

ADDRESS

1217 St. Paul Street

VS 151

N991X

2906L

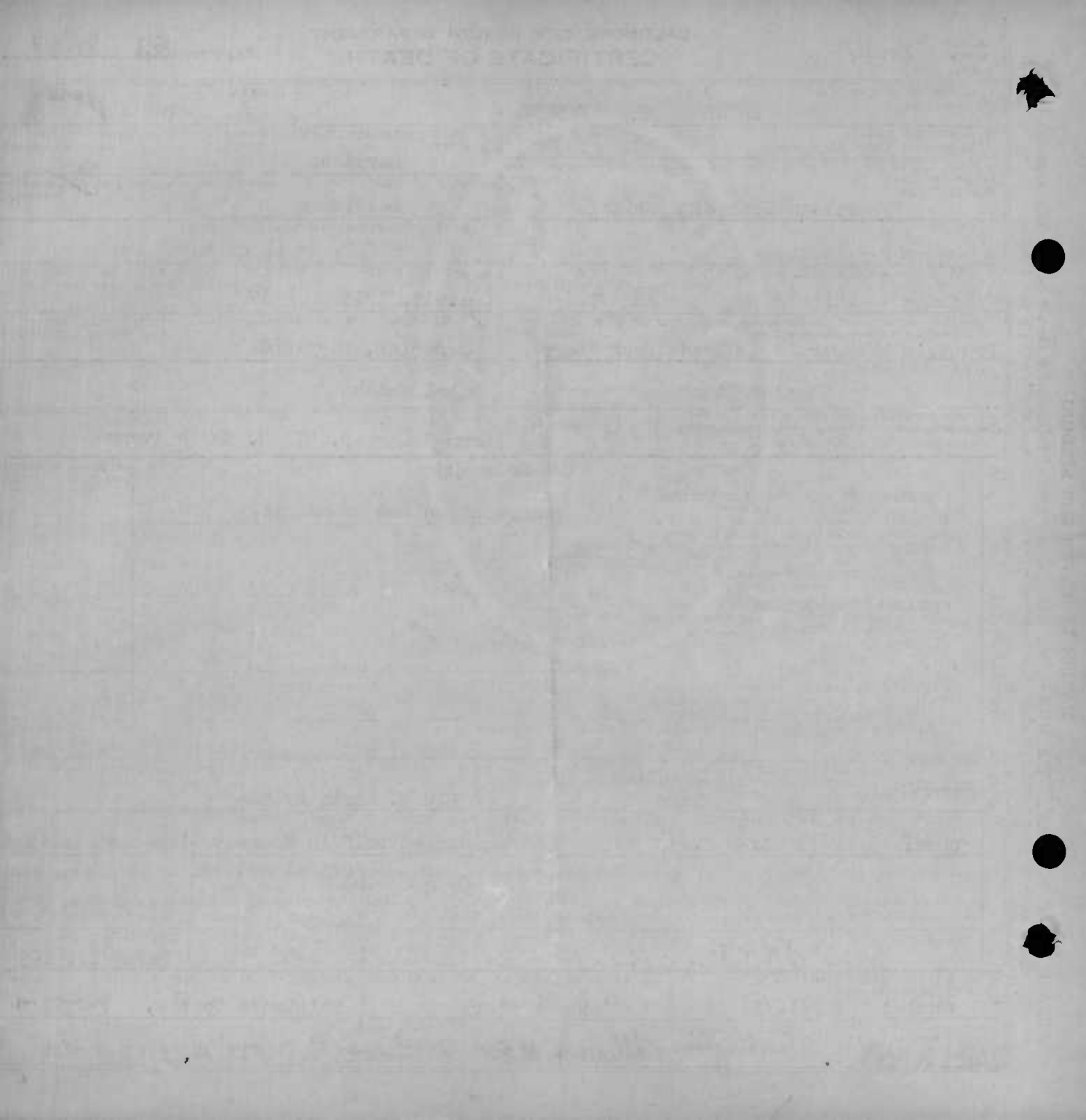
✓

MARGIN RESERVED FOR BINDING

PLEASE PRINT FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

MAR 13 1953



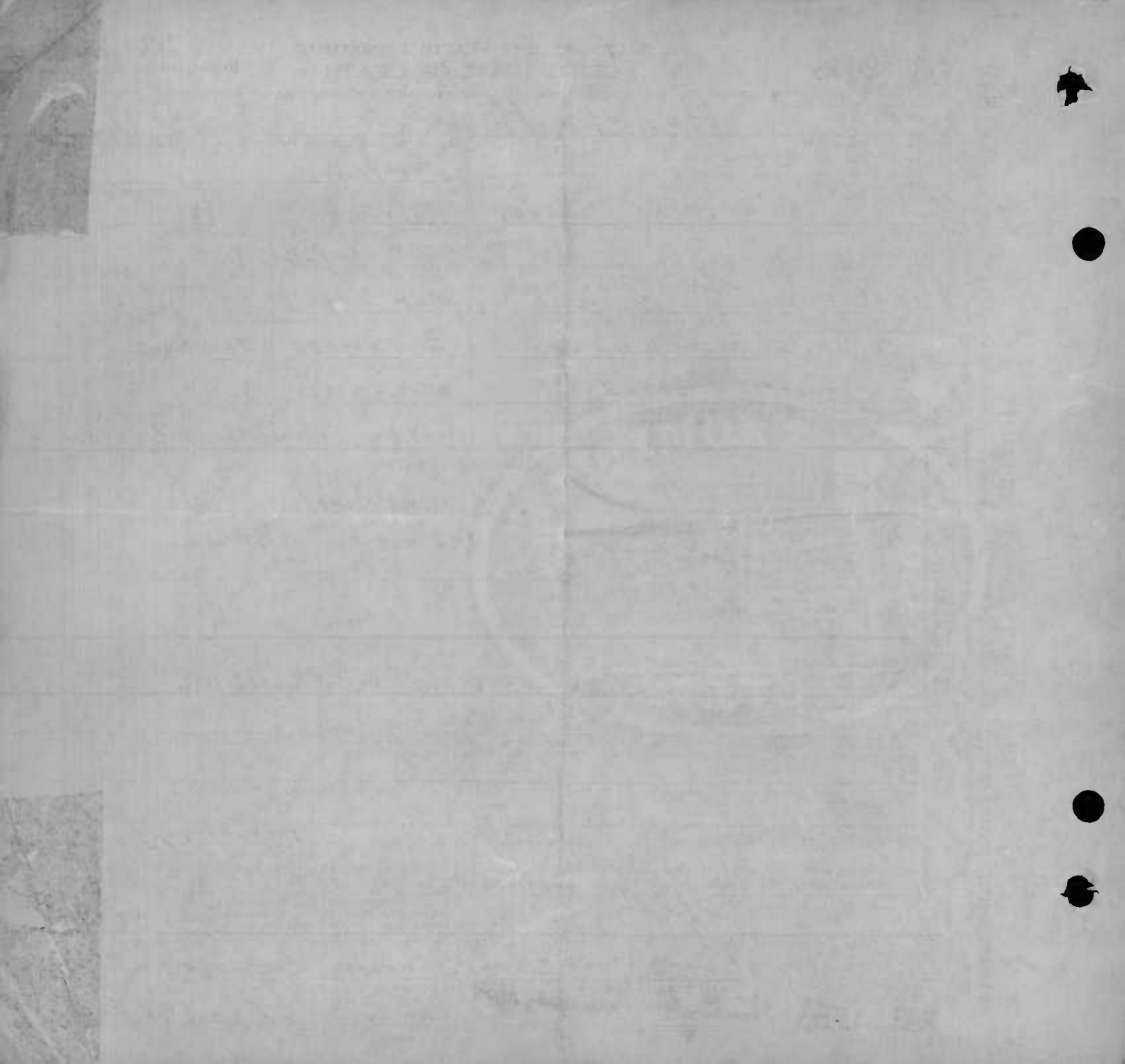
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

14-200
53 2848BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2848
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Henry R. Hayes		3/7/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
730 E. PRATT STREET		BALTIMORE	
D. STREET ADDRESS (If rural, give location)		730 E. PRATT ST.	
c. Length of stay in Baltimore		E. DATE OF BIRTH	
5. SEX		6. COLOR OR RACE	
MALE		WHITE	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
SINGLE		MAY 1, 1881	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday)	
LABORER		71	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
UNKNOWN		BALTIMORE, MARYLAND	
13. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY?	
JOSEPH HAYES		ELIZABETH TYLER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
—		17. INFORMANT ADDRESS	
18. 422.1 and 322.1		BERTHA IRVIN, 726 N. DUNCAN ST.	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
ANTECEDENT CAUSES		A. ARTERIOsclerotic Cardio-vascular disease	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		B. CHronic alcoholism	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .	
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
BURIAL		3/14/53	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
MT. CARMEL CEMETERY		BALTIMORE, MARYLAND	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR ADDRESS	
MAR 13 1953		Huntington Williams, M.D.	
VS 151		Wm. Cook, Inc., 1217 ST. PAUL ST.	

97099



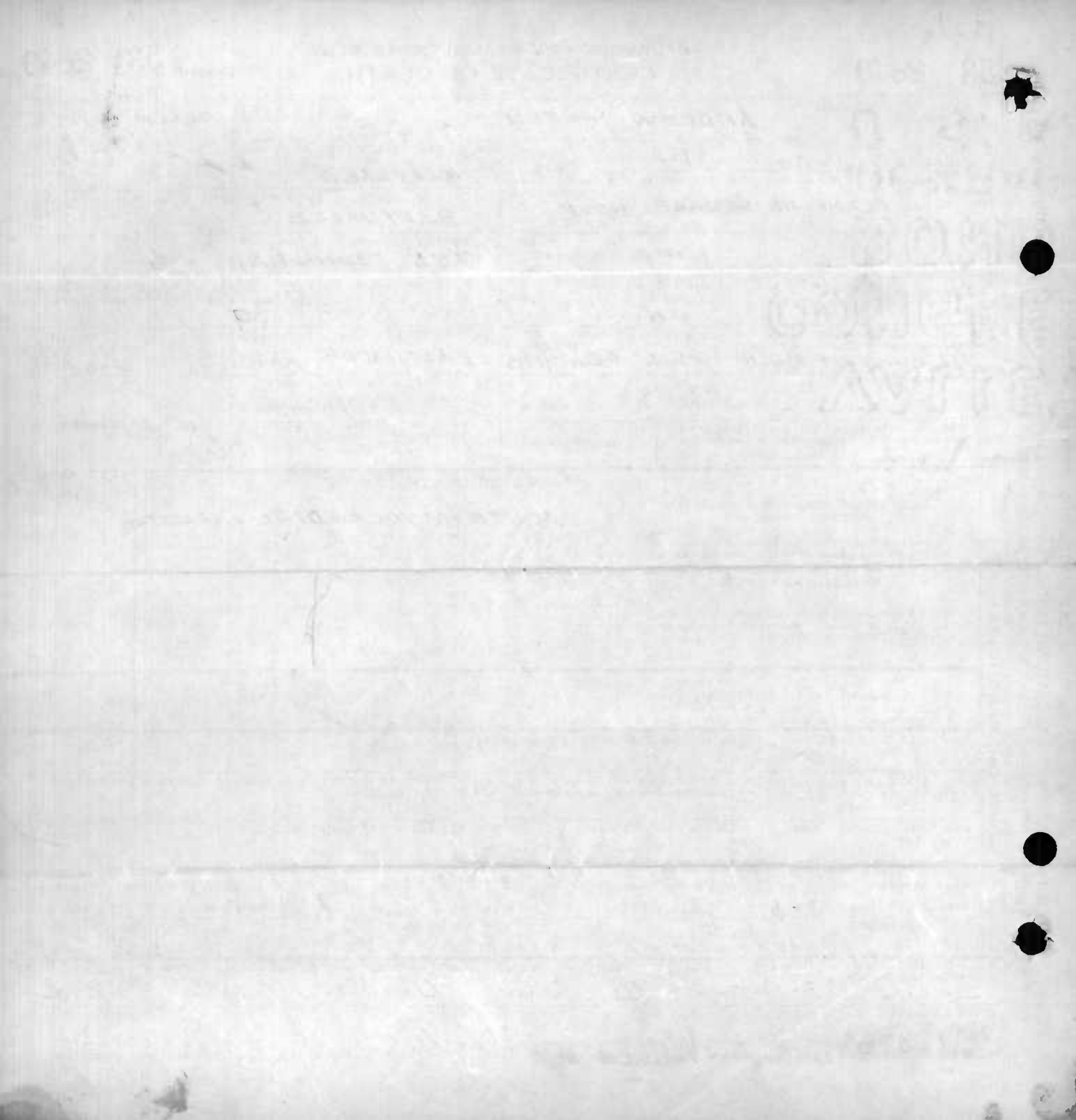
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 2049****53 2049**
BIRTH NO.

1. NAME OF DECEASED (Type or Print) ANDREW D. HUBEN HUBER			2. DATE OF DEATH MARCH 12, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland YES			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION FRANKLIN SQUARE HOSP.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 5354		
c. Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 355 TOWNSEND RD.		
5. SEX M.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.	B. DATE OF BIRTH Dec. 24 - 1913		9. AGE (in years, last birthday) 39
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OIL BURNER MECH		10B. KIND OF BUSINESS OR INDUSTRY GEN. HEATING	11. BIRTHPLACE (State or foreign country) BALTIMORE, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Samuel Huben			14. MOTHER'S MAIDEN NAME Anna Spangler		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Anna Huben (wife) ADDRESS		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ACUTE MYOCARDIAL INFARCTION		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES		
(B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 3-12-53 to 3-12 , 19 53 that I last saw the deceased alive on 3-6-53 , 19 53 , and that death occurred at 2-22 , m., from the causes and on the date stated above.				
23A. SIGNATURE Dr. Samuel		23B. ADDRESS F. S. H.		23C. DATE SIGNED 3-12-53

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3-16-53	24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cem.	24D. LOCATION (City, town, or county) (State) Balto. Co. Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 13 1953		REGISTRAR'S SIGNATURE Antington Williams, M.D.	25. FUNERAL DIRECTOR John B. Loomelly - 418 Eastern Ave Balto. 21, Md.



CERTIFICATE AMENDED 4/7/53 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 2650**

BIRTH NO. **53 2650**

1. NAME OF DECEASED (Type or Print) <i>Milton L Lewis</i>			2. DATE OF DEATH <i>3.12.53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>Maryland General Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>life</i>			D. STREET ADDRESS (If rural, give location) <i>3804 West Rogers Ave #15</i>		
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M.</i>	8. DATE OF BIRTH <i>Feb. 6. 1901</i>	9. AGE (In years last birthday) <i>52</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>merchant</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Milton Price</i>		14. MOTHER'S MARRIED NAME <i>Bertie Shipley</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>213-07-5420</i>		17. INFORMANT ADDRESS <i>Charlotte Lewis 3804 W. Rogers Ave</i>	
18. <i>199.8</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>General Carcinomatous</i> DUE TO <i>Primary site not known</i>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Metastasis generalized to abdominal cavity, mediastinum and cervical glands, also axillary glands.</i> DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>✓</i>		19B. MAJOR FINDINGS OF OPERATION <i>✓</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2.17</i> , 1953 to <i>3.12</i> , 1953 that I last saw the deceased alive on <i>3.12.53</i> , 19 and that death occurred at <i>1.30 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>William R. Lumphin</i>		23B. ADDRESS <i>M. O. 1114 St. Paul St</i>		23C. DATE SIGNED <i>3/12/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>March 14/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Druid Ridge</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>		25. FUNERAL DIRECTOR ADDRESS <i>Loring Myers 5005 Pl. Heights Ave.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 13 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			

See Document File for query reply

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2851
Registered No.

BIRTH NO. 53 200 52-17810

1. NAME OF DECEASED (Type or Print) SAMUEL RICE		2. DATE OF DEATH March 11, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write full name of township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1412 Laurens Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 2, 1952
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 7
13. FATHER'S NAME Jerse Rice		11. BIRTHPLACE (State or foreign country) Balto Md.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Catherine Smith	
17. INFORMANT Catherine Smith		ADDRESS 1412 Laurens St	

18. **571.0**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Infantile diarrhea**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Dehydration**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

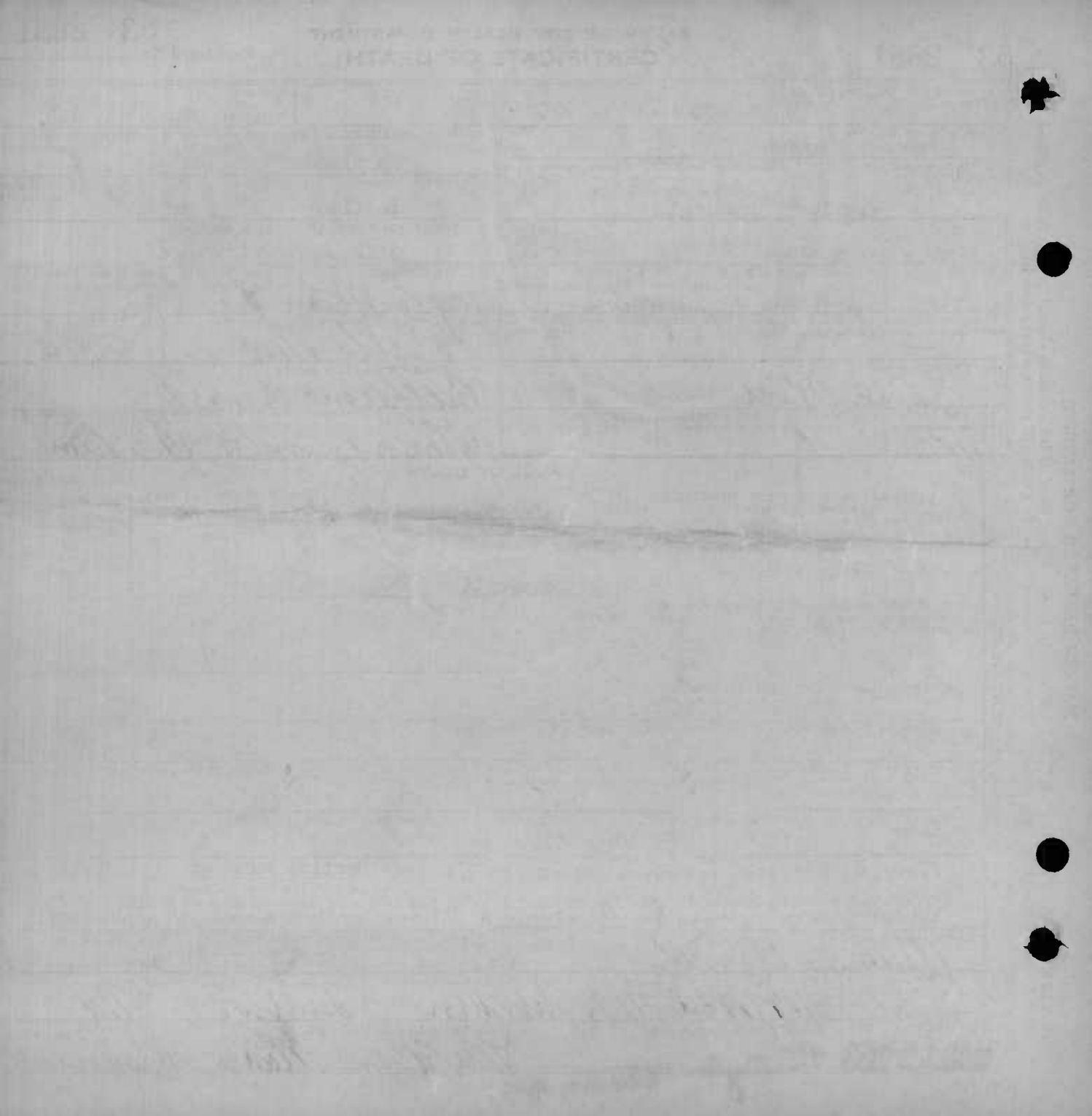
(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William V. Smith	23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/>	23C. DATE SIGNED March 12, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/14/1953	24C. NAME OF CEMETERY OR CREMATORY W.T. Auburn
DATE RECEIVED BY LOCAL REGISTRAR MAR 13 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	24D. LOCATION (City, town, or county) (State) Balto. Md.
25. FUNERAL DIRECTOR William V. Smith		ADDRESS 822



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2852

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William H. Rogers

2. DATE
OF
DEATH

3/11/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

37 Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3140 Sequoia Ave.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

7/30/1880

9. AGE (in years
last birthday)

72

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CARPENTER

10B. KIND OF BUSINESS OR
INDUSTRY

DITTO-HOME IMPROVEMENT CO.

11. BIRTHPLACE (State or foreign country)

PENNSYLVANIA

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph Rodkey

14. MOTHER'S MAIDEN NAME

Mary Charles

15. WAS DECEASED EVER IN U. S. ARMED FORCES
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

218-07-7591

17. INFORMANT

ADDRESS

Max M. Rodkey 311 W. 8th. Ave.

18. 331X

CAUSE OF DEATH Homestead Pa.

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Hemorrhage

13 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

GASTRO-INTESTINAL HEMORRHAGE

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-26, 1953 to 3-11, 1953, that I last saw the
deceased alive on 3-11, 1953, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles R. Ireland

23B. ADDRESS

Morsey Heights

23C. DATE SIGNED

3-11-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/13/53

24C. NAME OF CEMETERY OR CREMATORY

Geesey Town

24D. LOCATION (City, town, or county)

Pennsylvania

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

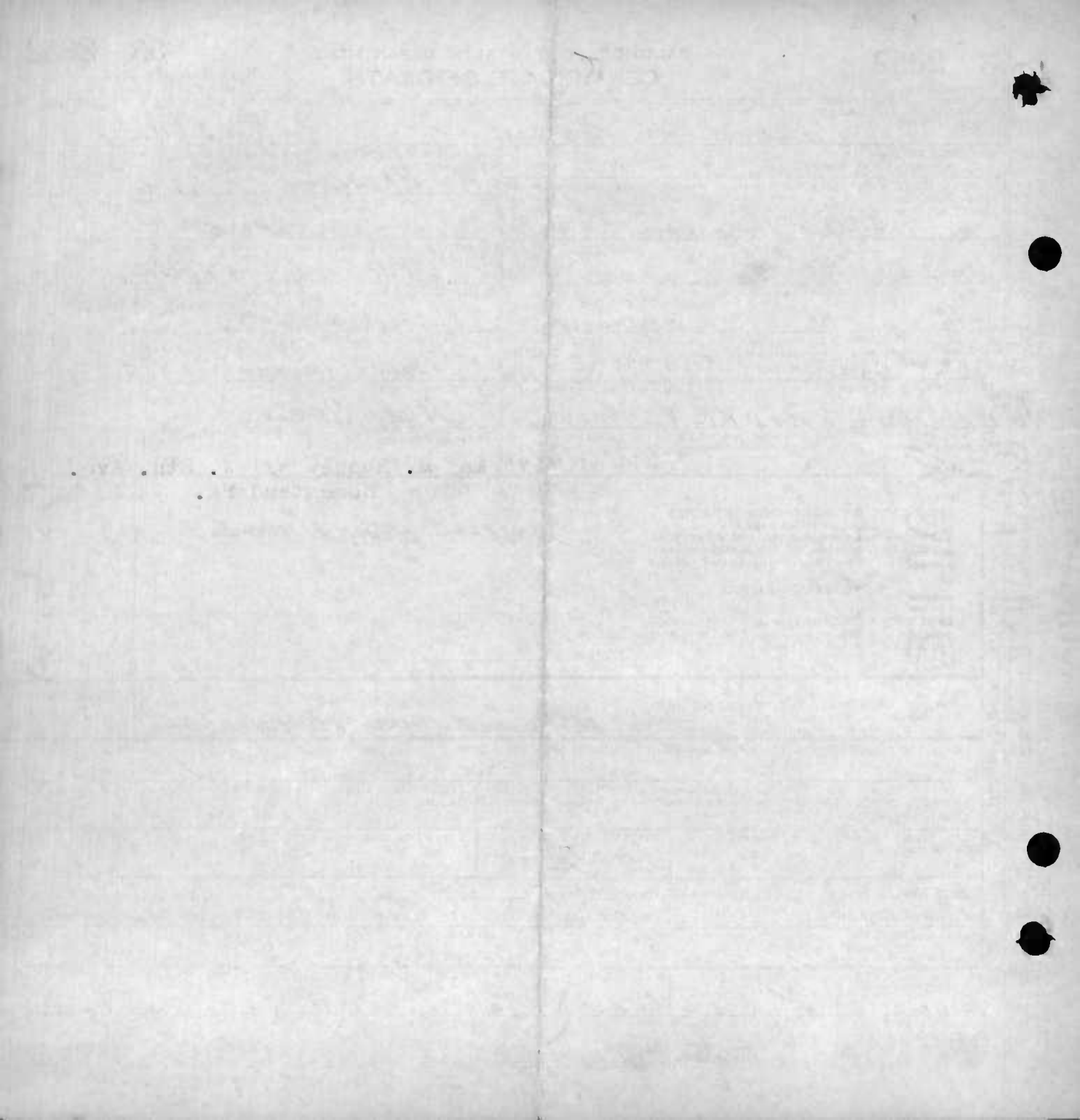
Huntington Williams

25. FUNERAL DIRECTOR

Ellsworth Armacost

ADDRESS

4600 Liberty Hghts. Ave.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

-300
53-2853

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2853

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James MARSHALL FEETE

2. DATE
OF
DEATH

Mar. 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

MD

B. COUNTY

BALTO

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

229 DUNKIRK ROAD

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

June 30 - 1881

9. AGE (In years

last birthday)

71

10. Under 1 Year

Months

Days

11. Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED

10B. KIND OF BUSINESS OR INDUSTRY

BASKET MAKE

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

HENRY C FEETE

14. MOTHER'S MAIDEN NAME

MAGGIE NULL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

315-03-8197

17. INFORMANT

ADDRESS

EDNA M FEETE 229 DUNKIRK ROAD

18.

446X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Uremia

DOE TO

ANTECEDENT CAUSES

(B)

Nephrosclerosis

DOE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN ONSET AND DEATH

4d

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cirrhosis of liver.

19A. DATE OF OPERATION

3/5/53

19B. MAJOR FINDINGS OF OPERATION

Ligation of Hepatic artery - Cirrhosis of Liver.

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Mar 1, 1953, to Mar 10, 1953, that I last saw the deceased alive on Mar 10, 1953, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

B. E. Brant

23B. ADDRESS

B. E. Brant 121 E West St

23C. DATE SIGNED

3/10/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

3-14-53

24C. NAME OF CEMETERY OR CREMATORY

DRUID RIDGE CEM

24D. LOCATION (City, town, or county)

PIKESVILLE MD

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

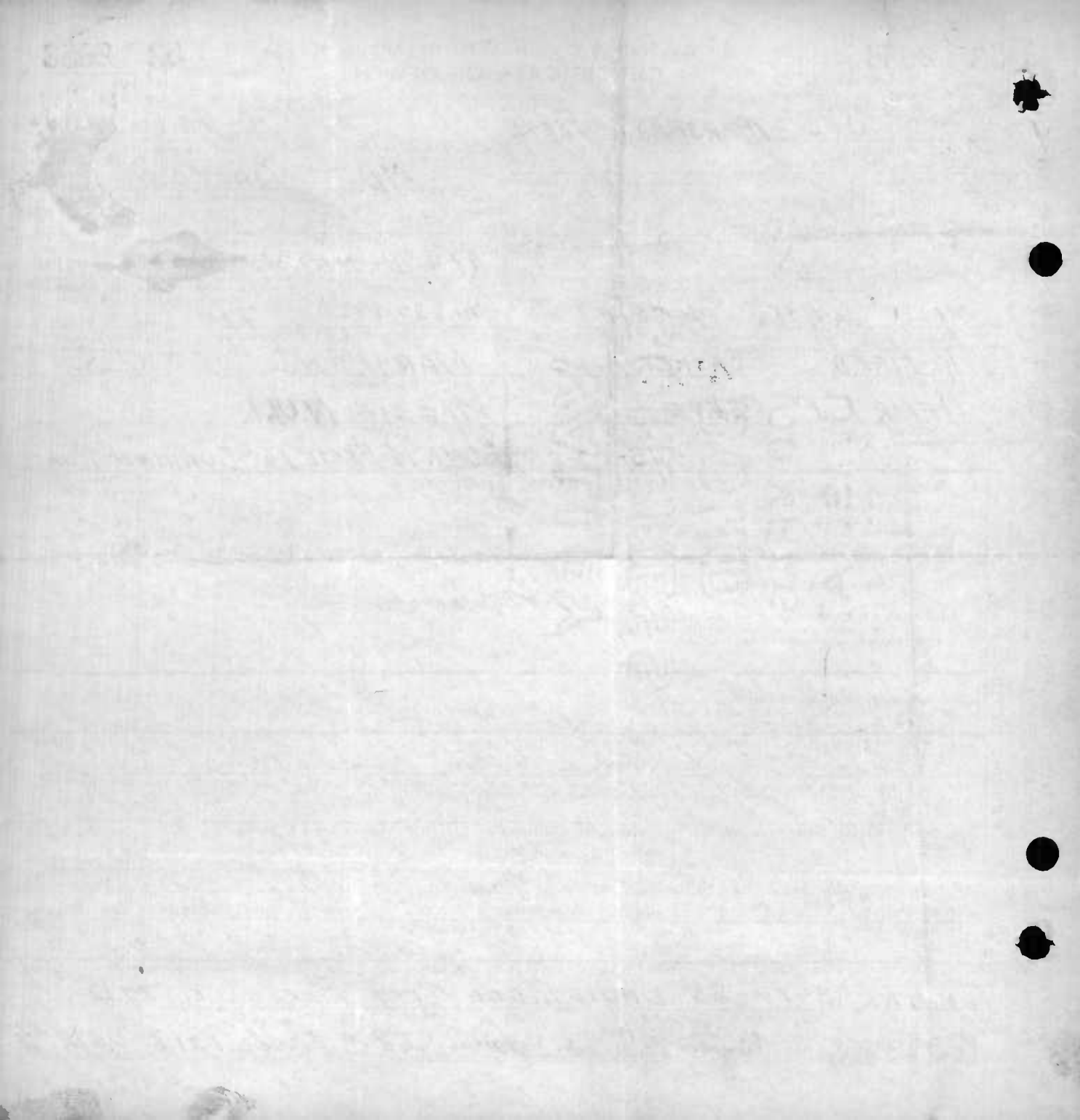
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Bernard & Noble

ADDRESS

121 E West St



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2854

53 2854

1. NAME OF DECEASED (Type or Print) Rt. Reverend Michael A. Ryan			2. DATE OF DEATH 3-12-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY St. Paul's Rectory Howard		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 40 Jenkins Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ellicott City, Maryland		
c. Length of stay in Baltimore 12 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 6200		
5. SEX M.	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 1-15-1868	9. AGE (In years last birthday) 85 yrs.	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.C. Priest			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME John Ryan			11. BIRTHPLACE (State or foreign country) Lonaconing, Maryland		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			12. CITIZEN OF WHAT COUNTRY? U.S.S		
16. SOCIAL SECURITY NO.			14. MOTHER'S MAIDEN NAME Julia Nolan		
17. INFORMANT Rev. John A. Ryan			ADDRESS St. Ignatius' Church		

18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (A) Coronary artery occlusion					
DUE TO (B) Coronary artery sclerosis					
DUE TO (C) Arteriosclerotic cardio-vascular disease					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-28, 1953, to 3-12, 1953, that I last saw the deceased alive on 3-11, 1953, and that death occurred at 4:00 P.m., from the causes and on the date stated above.					
23A. SIGNATURE Harry L. Thompson		23B. ADDRESS H. Agnes Way		23C. DATE SIGNED 3-12-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/16/53		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. FUNERAL DIRECTOR W. W. Meekins		24F. ADDRESS Box 205 N. Calvert St.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 14 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR W. W. Meekins	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1935

STATE OF NEW YORK
DEPARTMENT OF HEALTH

1935

REPORT OF THE
COMMISSIONER OF HEALTH
ON THE
MORBIDITY AND MORTALITY
IN THE STATE OF NEW YORK
FOR THE YEAR 1935

ALBANY: J.B. LIPPINCOTT COMPANY
1936

NEW YORK: J.B. LIPPINCOTT COMPANY
1936

PHILADELPHIA: J.B. LIPPINCOTT COMPANY
1936

CHICAGO: J.B. LIPPINCOTT COMPANY
1936

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

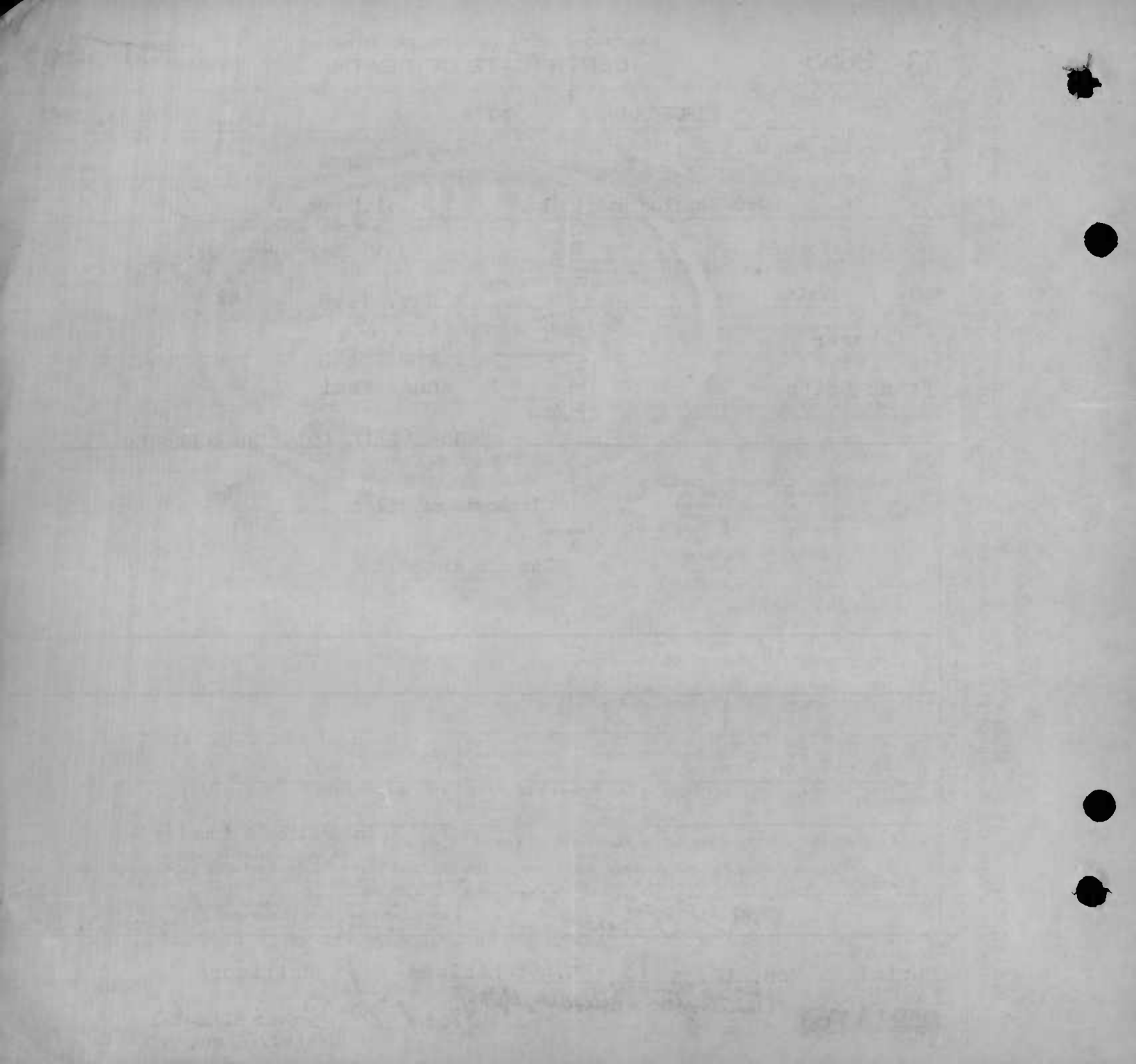
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53-530
53 2655

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2655

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		MIECZYSLAW SMITH		2. DATE OF DEATH March 13, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 1610 Shakespeare St.			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Nov. 1908		9. AGE (In years last birthday) 43	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Frank Smith				14. MOTHER'S MAIDEN NAME Anna Fski			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Anna Smith 1610 Shakespeare St			
18. 581.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Cirrhosis of liver ANTECEDENT CAUSES (B) Chronic alcoholism DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .							
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED March 13, 1953			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Mch 16/53		24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus		24D. LOCATION (City, town, or county) (State) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR MAR 14 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		FUNERAL DIRECTOR Fred W. Ozazowski		ADDRESS 1930 Eastern Ave.	
VS 151		97099					



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2856

651
53 2856
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Martha Kennon Crampton</i>			2. DATE OF DEATH <i>Mar 12 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>11-04</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>60 1700 Park Ave</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>		
c. Length of stay in Baltimore <i>50 yrs?</i>			D. STREET ADDRESS (If rural, give location) <i>214 W. Sanvale St</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>July 27 1872</i>	9. AGE (in years last birthday) <i>80</i>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>—</i>	11. BIRTHPLACE (State or foreign country) <i>Frederick Co Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Benjamin Philost Crampton</i>			14. MOTHER'S MAIDEN NAME <i>Catherine Dunlap</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Savington W Crampton Newtown Pa.</i>		
18. <i>420.0</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>Arteriosclerotic Heart Disease</i> DUE TO INTERVAL BETWEEN ONSET AND DEATH <i>5- yrs</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Arteriosclerosis & Hypertension</i> DUE TO <i>? yrs</i> (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Chronic Fibrosis of Lungs</i> <i>? Lungs</i>					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11/2/45</i> , 19__, to <i>3/12/53</i> , 19__, that I last saw the deceased alive on <i>3/9/53</i> , 19__, and that death occurred at <i>9:30 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Francis W. Gluck</i>			23B. ADDRESS <i>1000 University Pkwy</i>		23C. DATE SIGNED <i>3/13/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>CREMATION</i>		24B. DATE <i>3-14-1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>GREENMOUNT</i>		24D. LOCATION (City, town, or county) (State) <i>BALTIMORE Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 14 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>H.W. JENKINS & SONS Co. 4905 YORK RD.</i>	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

53 2857

400
3 2857

1. NAME OF DECEASED (Type or Print) <u>DORIS KELLY</u> <u>PETTINGILL</u>			2. DATE OF DEATH <u>March 12, 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Anne Arundel</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Agnes Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Lombardy Beach</u>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <u>Box 323</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 16th 1920</u>	9. AGE (In years last birthday) <u>32</u>	H Under 1 Year Months: _____ Days: _____ H Under 24 Hours Hours: _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sausage Maker Boetz Meat Co</u>			11. BIRTHPLACE (State or foreign country) <u>Md.</u>		
13. FATHER'S NAME <u>Herbert B. Wyott</u>			14. MOTHER'S MAIDEN NAME <u>Agnes Talbott</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____		
			17. INFORMANT <u>Wm. Kelly</u> ADDRESS _____		

18. 681X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Septicemia due to Cl. perfringens

Endometritis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Postpartum abortion

(C) Lower nephron nephrosis

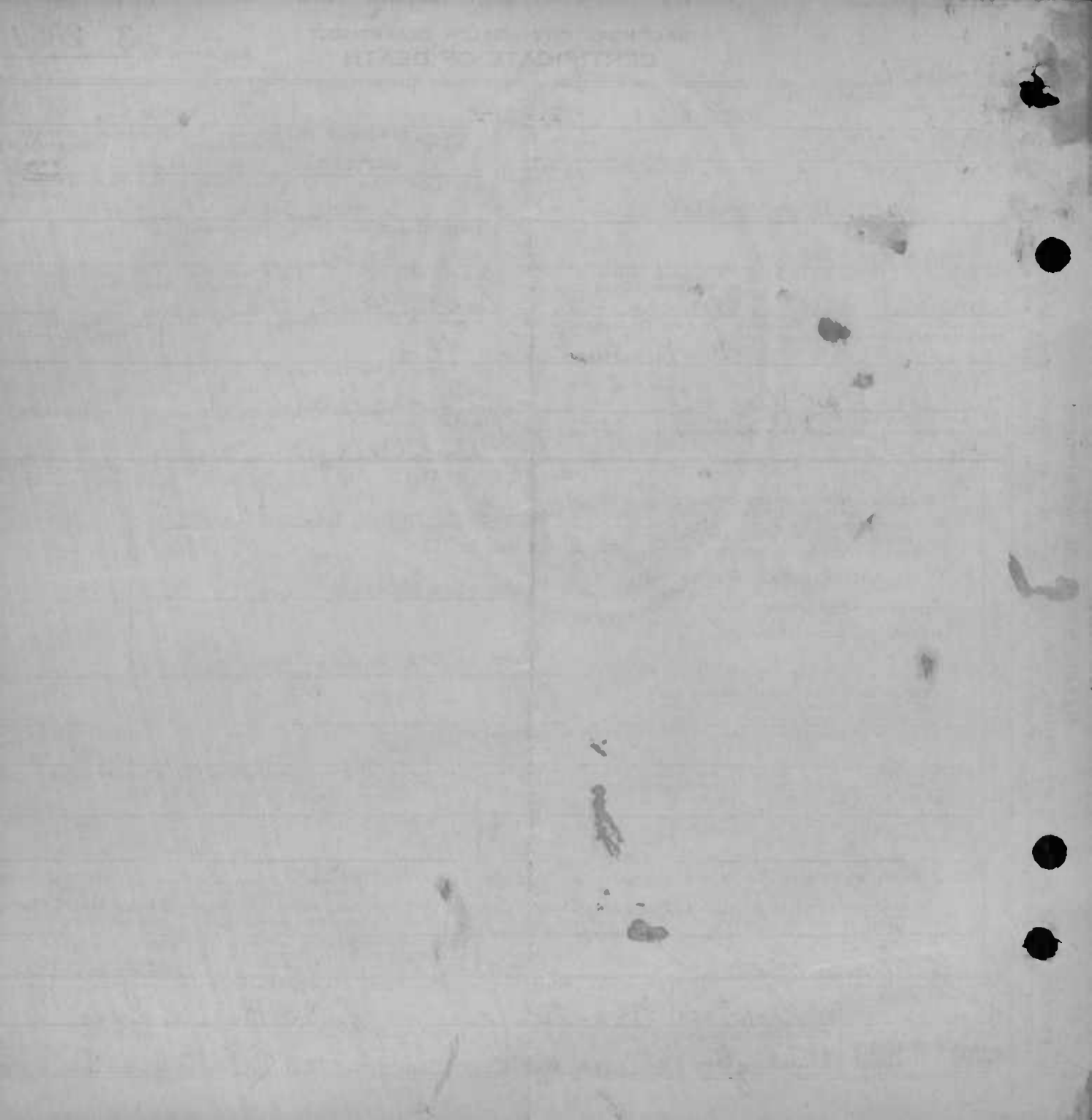
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <u>William C. Smith</u>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <u>March 12, 1953</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Mar 16th 1953</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Balto Acem</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 14 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, Jr.</u>		25. FUNERAL DIRECTOR <u>Geo. B. Cook</u> ADDRESS <u>1703 N. Patterson Park</u>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2858

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William A. Litchfield

2. DATE
OF
DEATH

March 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

720 W. 34th Street

C. CITY OR TOWN (If outside corporate limits write full name and give
county)

Baltimore

D. STREET ADDRESS (If rural, give location)

720 W. 34th Street

C. Length of stay in Baltimore

50 yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 3, 1875

9. AGE (In years
last birthday)

77

If Under 1 Year If Under 24 Hours
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Gardener

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U S A

13. FATHER'S NAME

Joseph Litchfield

14. MOTHER'S MAIDEN NAME

Maggie Sakers

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
213-26-6241A

17. INFORMANT

ADDRESS

Mrs. Serena V. Litchfield 720 W. 34th St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Hypostatic pneumonia &
myocardial insufficiency

1 wk.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Generalized arterio-sclerosis ?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Ht. Hemiplegia since
March 1952.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If In Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/9, 1953 to 3/11, 1953 that I last saw the
deceased alive on 3/11, 1953, and that death occurred at 5 A.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

March 16, 1953

Druid Ridge

Pikesville, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

Burgee Funeral Home

3631 Falls Road

Horace F. Burgee

Dr. J. Hillis Kuyton
3961 Greenmount
Be 9699

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2659
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIZABETH CALLAHAN

2. DATE OF DEATH
Fri., March 13th, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE Maryland B. COUNTY5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
7 W Clement StC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore (30) 23-01

D. STREET ADDRESS (If rural, give location)

7 W Clement St

c. Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

July 31 1865

9. AGE (In years last birthday)

87

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John Helnes

14. MOTHER'S MAIDEN NAME

Sarah Hughes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL SECURITY NO.
-

17. INFORMANT

ADDRESS

Mrs. Helen Faulkner (Dgt.) Same

18. 334X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Arteriosclerosis 5 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Myocardial Degeneration 3 mos.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1-4, 1953, to 3-13, 1953, that I last saw the deceased alive on 3-3, 1953, and that death occurred at 10:30 AM, from the causes and on the date stated above.

23A. SIGNATURE

John P. Unluck Jr.

M. O.

23B. ADDRESS

1227 Wark Blv

23C. DATE SIGNED

3-13-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mon

24C. NAME OF CEMETERY OR CREMATORY

March 16 1953 New Cathedral Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

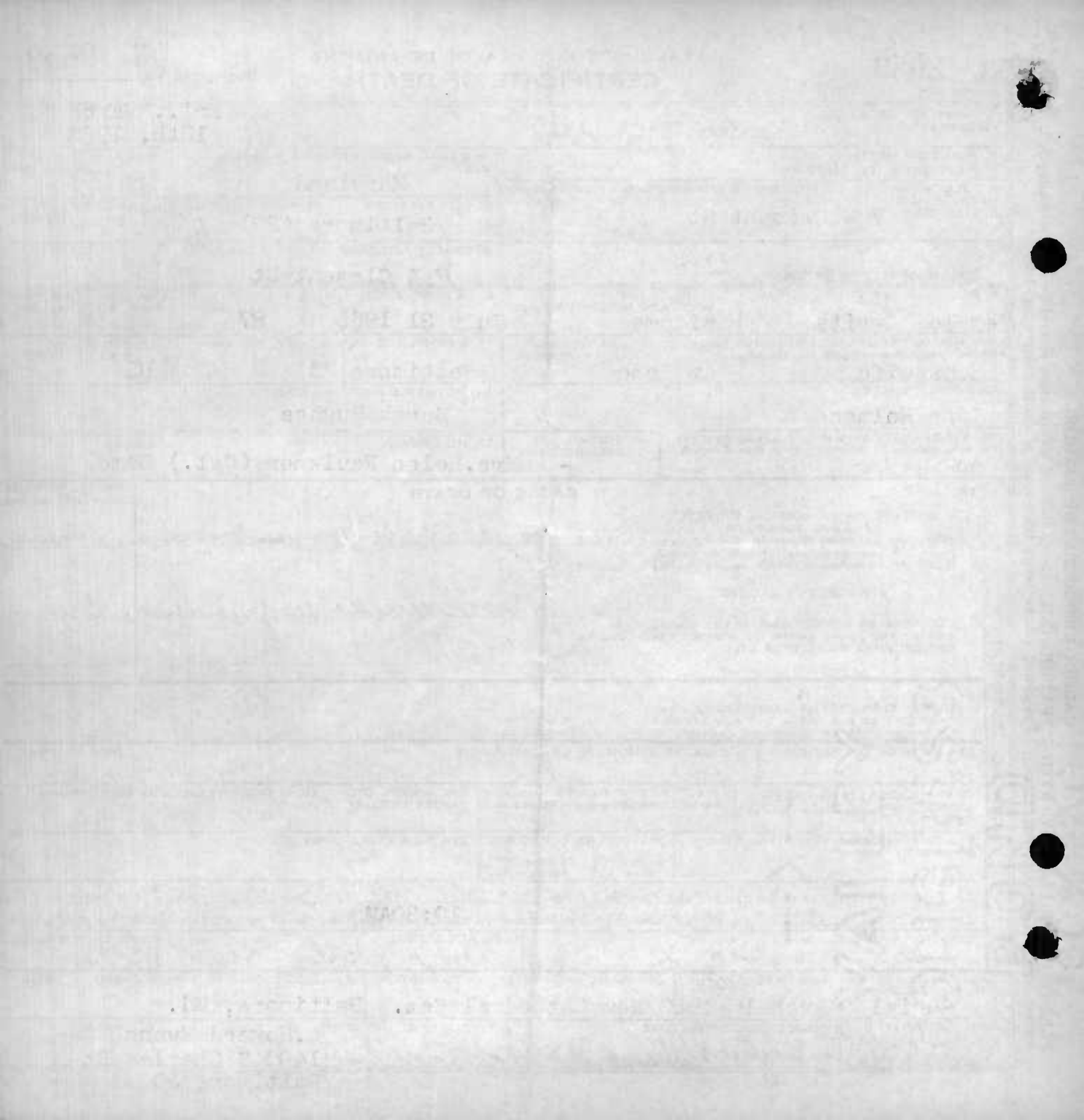
MAR 14 1953

Huntington Williams, M.D.

A. Howard Evans

1400 S Charles St

Baltimore 30 Md



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 2660**BIRTH NO. **53 2660**

1. NAME OF DECEASED (Type or Print) MARGARETTE HEINLEIN CHAUDRON		2. DATE OF DEATH March 13, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY none	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3908 Canterbury Road		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 1026 Cathedral Street	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH August , 1865
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		9. AGE (In years last birthday) 87	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME Heinlein		12. CITIZEN OF WHAT COUNTRY? U. S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME ?	
16. SOCIAL SECURITY NO.		17. INFORMANT Mr. Clyde Loose	
		ADDRESS 4203 Linkwood Road	

18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

Chronic Myocardial & arterial insufficiency.

3/4/53

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

arterial hypertension
arteriosclerosis

—

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

—

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☒ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Jan 6 -**, 19**49**, to **March 13, 1953**, that I last saw the deceased alive on **March 4, 1953**, and that death occurred at **m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Louis F. Krumrein

M. D.

722 N. Kenwood Ave.**3 - 14 - 53**24A. BURIAL, CREMATION, REMOVAL (Specify)
burial

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

3 - 16 - 53**Druid Ridge****Pikesville, Md.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 4 1953**Huntington Williams, M.D.****John O. Mitchell & Sons, Inc. - 1900 Eutaw Place****M B Mitchell**

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2661

BIRTH NO. 53 2661

1. NAME OF DECEASED (Type or Print) HENRY J. PASSAYER		2. DATE OF DEATH MARCH 13, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) LUTHERAN Hospital D.O.A.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 20-00	
c. Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 4 N. Ashburton St.	
5. SEX MALE	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 19, 1894
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LINEKEEPER		10B. KIND OF BUSINESS OR INDUSTRY TRAIN BRAKES.	9. AGE (in years last birthday) 58
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME Julius Passayer		14. MOTHER'S MAIDEN NAME LORA Huchs.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) YES		16. SOCIAL SECURITY NO.	
17. INFORMANT EVA B. PASSAYER		ADDRESS 4 N. Ashburton St.	

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral hemorrhage	CAUSE OF DEATH (A) Cerebral hemorrhage DUE TO (B) High blood pressure DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH Acute 7 years.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Chronic myocarditis & myocardi. degeneration		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec. 31, 1945** to **March 2, 1953**, that I last saw the deceased alive on **March 2, 1953**, and that death occurred at **9:45 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE Gilbert E. Rudman	23B. ADDRESS 2517 W. Balto. St.	23C. DATE SIGNED 3/14/53
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24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE MARCH 17 1953	24C. NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL	24D. LOCATION (City, town, or county) (State) BALTIMORE, MD.
--	-----------------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR MARCH 4 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR GEO. L. Schwab	ADDRESS 2101 FREDERICK AVE.
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2662

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nelson D. Baldwin

2. DATE
OF
DEATH

3/11/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Singer Hospital Baltimore, MD.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 26-09

D. STREET ADDRESS (If rural, give location)

3602 FAIT AVENUE

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

SEPT. 25, 1887

9. AGE (in years
last birthday)

65

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

OPERATOR. LOWES THEATER

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

ST. DENNIS MD

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

CLONZA BALDWIN

14. MOTHER'S MAIDEN NAME

SUSAN APPLEBY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Rupture of Abdominal Aorta

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Arteriosclerotic Cardiovascular Dis.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

3/11/53

19B. MAJOR FINDINGS OF OPERATION

Blood RETROPERITONEAL

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/11, 1953 to 3/11, 1953 that I last saw the
deceased alive on 3/11/53, 1953, and that death occurred at 10:12 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Bernard Barker

M. O.

23B. ADDRESS

Quai Hospital

23C. DATE SIGNED

3-12-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

3/16/53

24C. NAME OF CEMETERY OR CREMATORY

OAKLAWN

24D. LOCATION (City, town, or county)

BALTIMORE MD

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 14 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Clarence F. Hoffmann 1639 BROADWAY

25. FUNERAL DIRECTOR

ADDRESS

562 FM

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1910-11

1910-11

1910-11

1910-11

1910-11

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1910-11

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1910-11

1910-11

1910-11

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-000
53 2863

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2863

1. NAME OF DECEASED (Type or Print) Harold Joseph H. MAY		2. DATE OF DEATH March 12, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Oregon B. COUNTY Y-24	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Marine Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grant's Pass	
c. Length of stay in Baltimore 2 mo.		D. STREET ADDRESS (If rural, give location) 746 S. W. Sixth Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 15, 1908
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Radio Spec.		10B. KIND OF BUSINESS OR INDUSTRY U.S. Dept. of State	9. AGE (In years last birthday) 44
11. BIRTHPLACE (State or foreign country) England		12. CITIZEN OF WHAT COUNTRY	
13. FATHER'S NAME John May		14. MOTHER'S MAIDEN NAME Eva Robinson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT France C. May Jefferson Apts		ADDRESS	

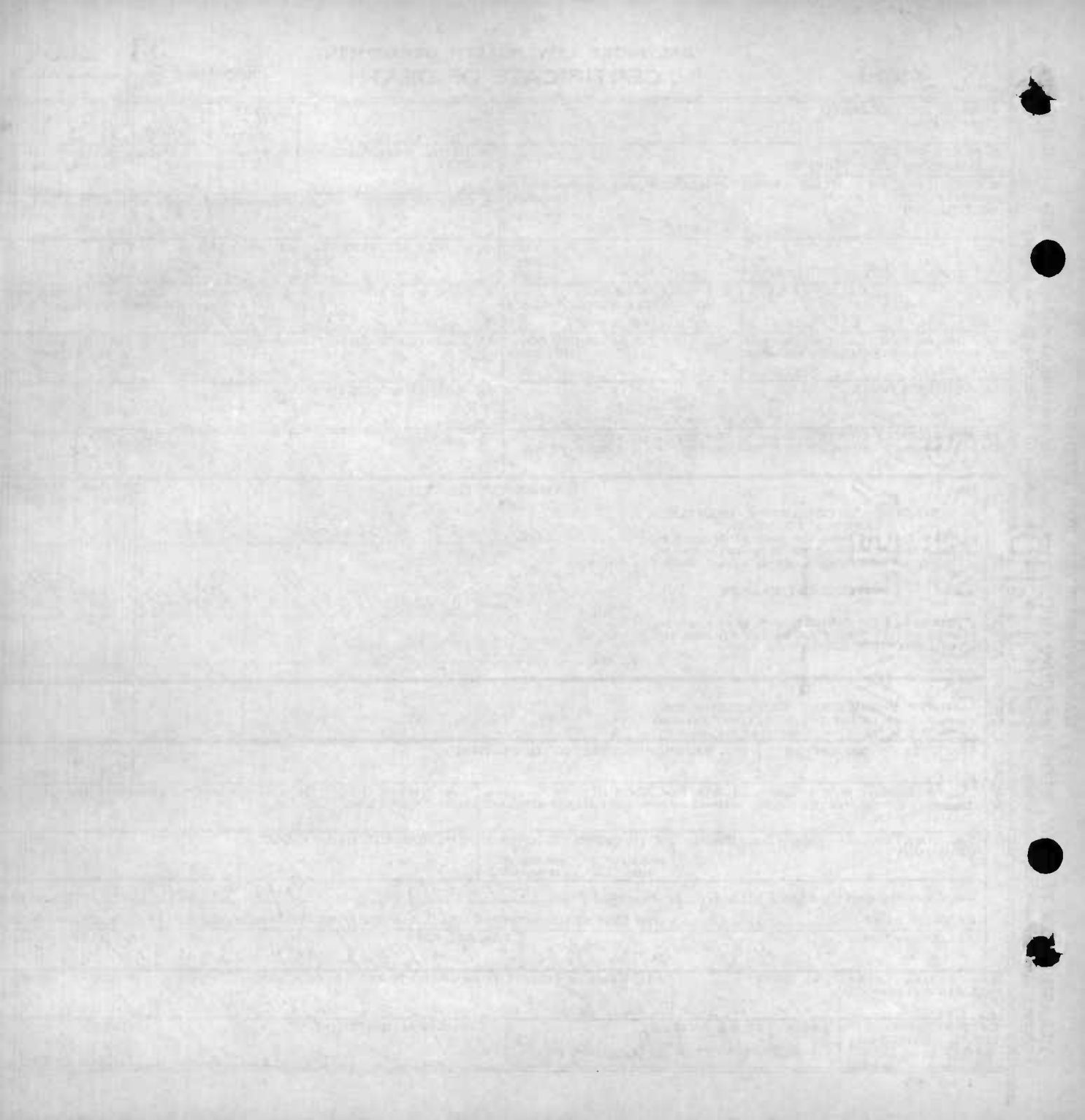
18. E 978X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Crushed chest Rupture of heart Hemopericardium Rupture of liver Compression fracture of T-12		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Marine Hospital		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Wyman Park Drive	
21D. TIME (Month) (Day) (Year) (Hour) March 12, 1953 10:15A.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Jumped from 6th floor window to ground	
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. Hubbard		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED March 12, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-16-53		24C. NAME OF CEMETERY OR CREMATORY Arlington National	
24D. LOCATION (City, town, or county) (State) Arlington, Va.					

DATE RECEIVED BY LOCAL REGISTRAR MAR 14 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Howard H. Hubbard, 2503 Edmondson Ave.	
VS 151		N862.2		096 91	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 2864**

1. NAME OF DECEASED (Type or Print) Katherine M. E. Freeman			2. DATE OF DEATH 3/13/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 18-03		
5. FULL NAME OF HOSPITAL OR INSTITUTION 125 So. Poppleton St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. LENGTH OF STAY IN BALTIMORE Life			D. STREET ADDRESS (If rural, give location) 125 So. Poppleton St.		
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9/8/1878		9. AGE (In years, last birthday) 74 If Under 1 Year: Months: Days: If Under 24 Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10B. KIND OF BUSINESS OR INDUSTRY at Home	11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Patrick Dunn			14. MOTHER'S MAIDEN NAME Bridget Quinn		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. -	17. INFORMANT ADDRESS Mr. Raymond J. Freeman 848 W. 34th St.		
18. 442x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Cardiac Failure DUE TO Cardiovascular Renal Disease			INTERVAL BETWEEN ONSET AND DEATH 1 day		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			DUE TO 5 days		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/10/48 , 19 53 , to 3/13 , 19 53 , that I last saw the deceased alive on 3/13 , 19 53 , and that death occurred at 12:00 p.m., from the causes and on the date stated above.					
23A. SIGNATURE John J. Lawrence M.D.		23B. ADDRESS 629 Washington Blvd.		23C. DATE SIGNED 3/14/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/16/53		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	
24D. LOCATION (City, town, or county) (State) 4300 Old Frederick Rd.		24E. FUNERAL DIRECTOR John J. Howard & Son		24F. ADDRESS Hollins	
DATE RECEIVED BY LOCAL REGISTRAR MAR 14 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		24G. FUNERAL DIRECTOR John J. Howard & Son	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 2865**BIRTH NO. **53 2865**1. NAME OF DECEASED
(Type or Print)**BABY BOY REILLY**2. DATE
OF
DEATH**MARCH 11, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARY LANDB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION**MERCY HOSPITAL**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

5912 Glen Oak Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**S**

8. DATE OF BIRTH

March 10, 19539. AGE (in years,
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.**24**10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

CHARLES ITM. REILLY

14. MOTHER'S MAIDEN NAME

MARY ANN COLLINS15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. **762.5**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **March 10, 1953**, to **March 11, 1953**, that I last saw the
deceased alive on **March 11, 1953**, and that death occurred at **9:15 p. m.**, from the causes and on the date stated above.

23A. SIGNATURE

Martina Trione - Certen

M. O.

23B. ADDRESS

Unco Hospital

23C. DATE SIGNED

3-11-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL**3-14-53****PROSPECT HILLS****TOWSON, MD.**DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MART 4 1953**Huntington Williams, M.D.****Needlefall & Son****Baltimore & 22nd St**

403

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.



53 2866

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2866
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John E. Enell

2. DATE
OF
DEATH

3/12/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Univ. Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balt

22

03

D. STREET ADDRESS (If rural, give location)

509 S. Paca St

c. Length of stay in Baltimore

25

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S.

8. DATE OF BIRTH

5/5/19

9. AGE (In years
last birthday)

56

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balt

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edward Enell

14. MOTHER'S MAIDEN NAME

Sarah Miles

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 581.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Friedlander's pneumonia

24 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Alcoholic cirrhosis

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 3/11/53, 19, to 3/12/53, 19, that I last saw the
deceased alive on 3/12/53, 19, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Edward Enell

23B. ADDRESS

Univ Hosp

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 14 1953

Huntington Williams, Jr.

Isaiah L Brown Son

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 2867**

1. NAME OF DECEASED (Type or Print) Marie M. Macleod		2. DATE OF DEATH March 12 '53	
3. PLACE OF DEATH: <input checked="" type="checkbox"/> Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore	
5. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. LENGTH OF STAY IN BALTIMORE Life		D. STREET ADDRESS (If rural, give location) 616 Old Home Road	
7. SEX F	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	10. DATE OF BIRTH Nov. 30 '1900
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. AGE (In years last birthday) 52	
13. FATHER'S NAME Charles Weaver		14. MOTHER'S MAIDEN NAME Lillian Law	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mr. Wm. A. Macleod		ADDRESS 616 Old Home Rd. Balto.	
18. 331X and 237X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral vascular accident DUE TO Possible brain tumor DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from March 12, 1953 , to March 12, 1953 , that I last saw the deceased alive on March 12, 1953 , and that death occurred at 9:30 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE Ben-jui Lin		23B. ADDRESS M. O. Maryland General Hospital	
23C. DATE SIGNED Mar. 12 '53			
24A. BURIAL CREMATION, REMOVAL (Specify) burial		24B. DATE Mar. 16, 1953	
24C. NAME OF CEMETERY OR CREMATORY Balto. National Cemetery		24D. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 14 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Passanun Funeral Home		ADDRESS 7401 Belair Rd.	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2668

626
53 2668
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

Adolph PARKER

2. DATE
OF
DEATH

3/13/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Md. B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

4-00

D. STREET ADDRESS (If rural, give location)

738 Fairmount Ave. - W.

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Laborer

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Wilhelm Parker

14. MOTHER'S MAIDEN NAME

Carrie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

239-26-4304

17. INFORMANT

ADDRESS

Records

18. 002X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)Active Advanced
Bilateral Tuberculosis
extensive CavitationINTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT

From University Hospital Clinic Records.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1953, that I last saw the
deceased alive on 1953, and that death occurred at m. from the causes and on the date stated above.

23A. SIGNATURE

Ray Pryor

M. D.

23B. ADDRESS

Univ. Hospital

23C. DATE SIGNED

3/13/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/18/53

24C. NAME OF CEMETERY OR CREMATORY

Kinston, N.C.

24D. LOCATION (City, town, or county)

North Carolina

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Charles A. Rice 6614 W. Bove St

MAR 14 1953

VS 150

97099

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2669
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sally Frances Edmonds

2. DATE
OF
DEATH

12 March 53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

308 W. 28 Street

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 12-07

D. STREET ADDRESS (If rural, give location)

308 W 28 St.

c. Length of stay in Baltimore

12 yrs

5. SEX

Female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

7-25-88 65

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Edmond Johnson

14. MOTHER'S MAIDEN NAME

Emiley Blackwell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS:
Charles Edmonds 308 W. 28 St

18. 42010

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Broncho-pneumonia 3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arterio-sclerotic heart
Disease

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Feb, 1953, to 12 Mar, 1953, that I last saw the
deceased alive on 12 Mar, 1953, and that death occurred at 2:00 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Renold B. Lickel

M. O.

23B. ADDRESS

501 Cherry Hill Rd.

23C. DATE SIGNED

12 Mar 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

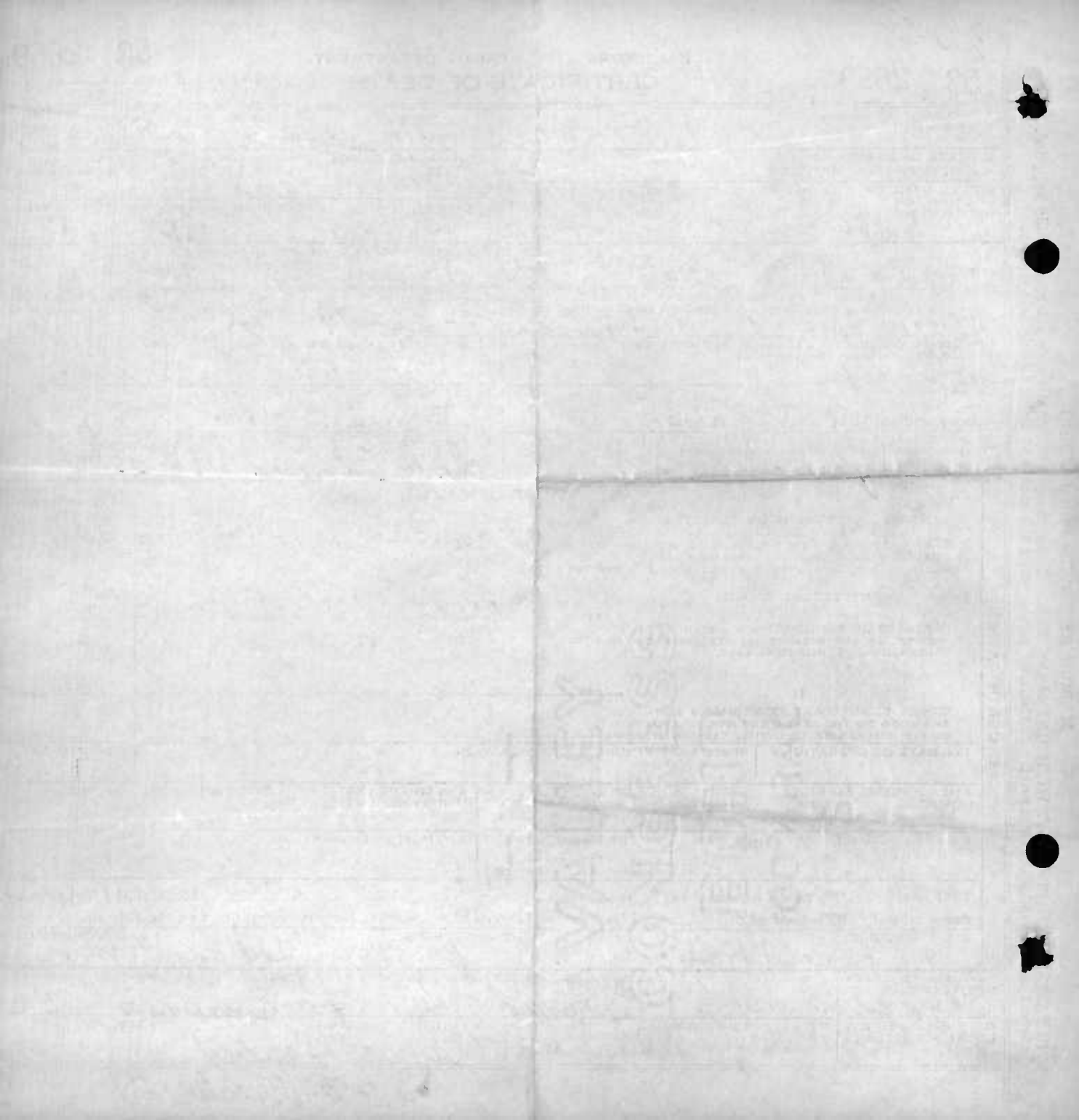
25. FUNERAL DIRECTOR

ADDRESS

MAR 14 1953

Huntington Williams, M.D.

Rayner Sanders



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2870

BIRTH NO. 300 2870

1. NAME OF DECEASED (Type or Print) <i>Carrie Foote</i>			2. DATE OF DEATH <i>3/10/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 5-01</i>		
C. Length of stay in Baltimore <i>47</i> Yrs. <i>47</i> Mos. <i>47</i> Days			D. STREET ADDRESS (If rural, give location) <i>29 N. Central Ave</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>	8. DATE OF BIRTH <i>3/11 ?</i>		9. AGE (In years last birthday) <i>47</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <i>md</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>George Gross</i>			14. MOTHER'S MAIDEN NAME <i>Georgianna Bailey</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>St.</i> ADDRESS		

18. <i>445X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Malignant hypertension</i> (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>8 mo.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>2/24/53</i>		19B. MAJOR FINDINGS OF OPERATION <i>Adrenalectomy done - bilateral</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3/2</i> , 19 <i>53</i> , to <i>3/10</i> , 19 <i>53</i> that I last saw the deceased alive on <i>3/10</i> , 19 <i>53</i> and that death occurred at <i>4:40</i> p. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>S. Alderman</i>			23B. ADDRESS M. D.		23C. DATE SIGNED <i>3/11/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Mar 14th/53</i>		24B. DATE <i>Mar 14th/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>mt Calvary</i>	
24D. LOCATION (City, town, or county) <i>669</i>		24E. LOCATION (City, town, or county) <i>669</i>		24F. LOCATION (City, town, or county) <i>669</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 14 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Clay O Wilson</i> ADDRESS	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2871
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MINTA MARTIN

2. DATE
OF
DEATH

March 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3703 Greenway

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Baltimore

township)

D. STREET ADDRESS (If rural, give location)

3703 Greenway

C. Length of stay in Baltimore

32 years

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Widow

8. DATE OF BIRTH

Jan. 11, 1864

9. AGE (in years

89

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housework

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Clark County, Iowa

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Andrew Jackson DeLong

14. MOTHER'S MAIDEN NAME

Alta M. Bozarth

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT 3703 Greenway ADDRESS

Mr. Glenn L. Martin

18.

491X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

ARTERIOSCLEROSIS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

BRONCHO-PNEUMONIA

DUE TO

(C)

3-4
days

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1938, 19, to 14 March, 1953, that I last saw the
deceased alive on 14 March, 1953, and that death occurred at 4:12 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Entombment

24B. DATE

3/17/53

24C. NAME OF CEMETERY OR CREMATORY

Fairhaven Cemetery

24D. LOCATION (City, town, or county)

Santa Anna, California

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

HENRY SANDER & SONS, INC.
BALTO., 13, MD.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

1-1

1-1

1-1

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2872

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Hackett

2. DATE
OF
DEATH

March 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence
before admission)

A. STATE

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Bar-Wil-Bar Convalescent H.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1736 N. Calhoun St

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Cot.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 22, 1872

9. AGE (In years
last birthday)

80

11 Under 1 Year
Months; Days11 Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Harford Co. Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Moses Hackett

14. MOTHER'S MAIDEN NAME

Grief Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Margaret Peaman 402 Locust St.

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Generalized Arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Senile Degeneration

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Peripheral Vascular Disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT

NOT WHILE

m. WORK ☐AT WORK ☐22. I hereby certify that I attended the deceased from March 12, 1952, to March 13, 1952, that I last saw the
deceased alive on 3/12, 1952, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Gulbert L. Banquet

23B. ADDRESS

722 N. Fulton Ave

23C. DATE SIGNED

3/14/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Mar 15, 1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Kate R. Williams

ADDRESS

322 N. Schreiner St

[Faint, illegible text, likely bleed-through from the reverse side of the page]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

4-640

53 2673

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 2673

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

2. DATE OF DEATH

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

7. STREET ADDRESS (If rural, give location)

8. Length of stay in Baltimore

9. SEX

10. COLOR OR RACE

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

12. DATE OF BIRTH

13. AGE (in years last birthday)

14. Under 1 Year

15. Under 24 Hours

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

17. KIND OF BUSINESS OR INDUSTRY

18. BIRTHPLACE (State or foreign country)

19. CITIZEN OF WHAT COUNTRY?

20. FATHER'S NAME

21. MOTHER'S MAIDEN NAME

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

23. (If yes, give war or dates of service)

24. SOCIAL SECURITY NO.

25. INFORMANT

26. ADDRESS

18. 587.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Pancreatitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/4, 1953 to 3/14, 1953 that I last saw the deceased alive on 3/14, 1953 and that death occurred at 6 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

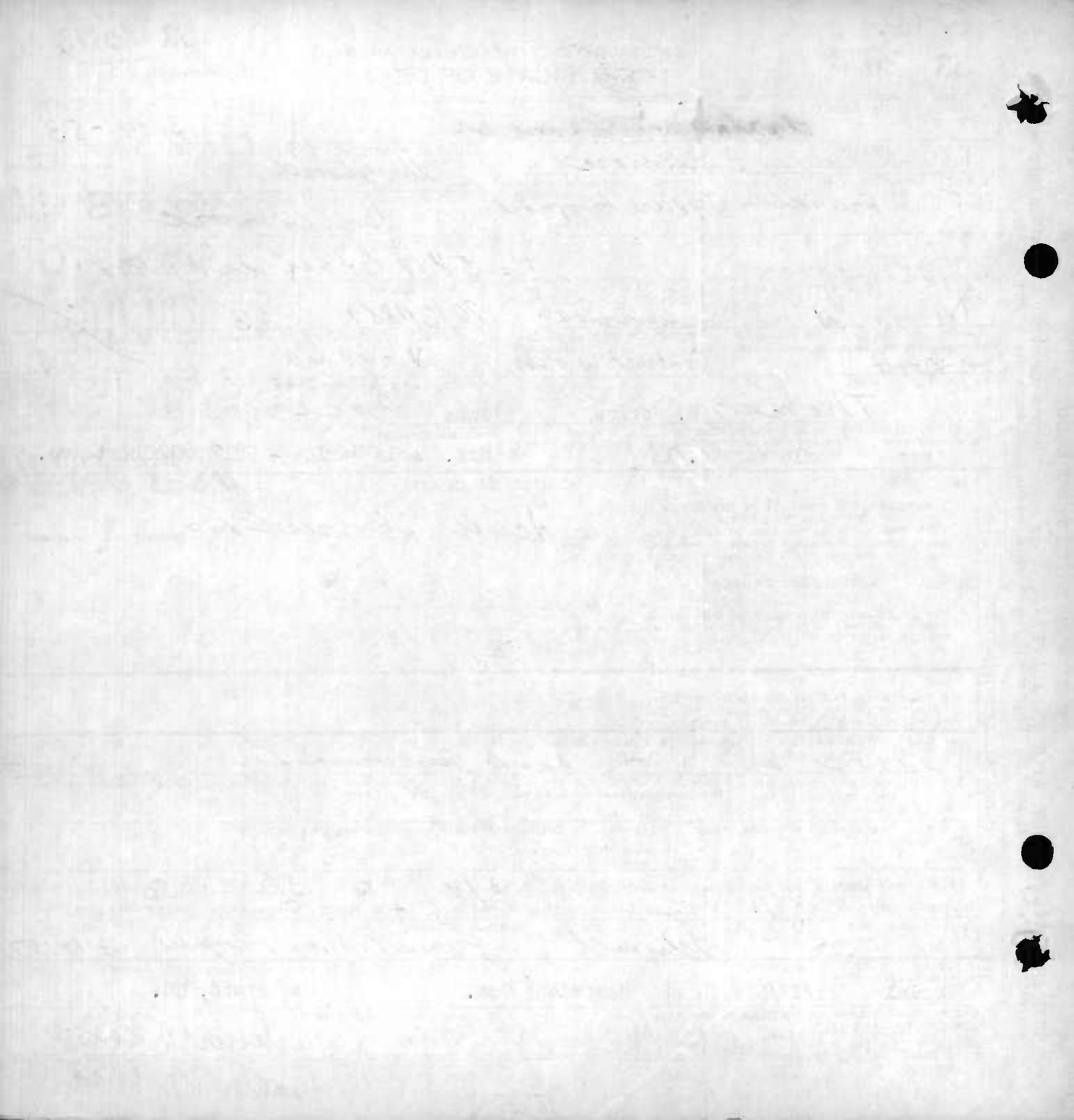
25. FUNERAL DIRECTOR

ADDRESS

VS 150

504 24

Boeto 17, Md.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2674
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henderson, Edgar Ellsworth -

2. DATE
OF
DEATH

14 MAR 53.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Union Memorial Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

9-01

D. STREET ADDRESS (If rural, give location)

3925 Kimble Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10 MAR 1863

9. AGE (In years
last birthday)

89

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Car Inspector (rtd)

10B. KIND OF BUSINESS OR
INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Henderson

14. MOTHER'S MAIDEN NAME

Elizabeth Milbourne

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT ADDRESS

Mr. Marion L. Henderson-3925 Kimble Rd.

18. 610X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Hypostasis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Hypertensive Cardiovascular Disease

Transurethral resection of prostate

19A. DATE OF OPERATION

11 Mar 53

19B. MAJOR FINDINGS OF OPERATION

Prostatic Hypertrophy -

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 Feb, 1953 to 14 MAR, 1953, that I last saw the
deceased alive on 14 Mar, 1953, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Thos. A. E. Moulton

M. D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

14 MAR 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

3/17/53

24C. NAME OF CEMETERY OR CREMATORY

Cape Charles Cem.

24D. LOCATION (City, town, or county)

Cape Charles, Va.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

J. Pickner & Sons

ADDRESS

Balt 17, Md.

MAR 15 1953

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



M-240
53 2675BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2675
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

McCauley, Joseph Alexander

2. DATE
OF
DEATH

March 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

St. Joseph's

c. Length of stay in Baltimore

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 1, 1883

9. AGE (In years
last birthday)

69

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Motorman (rtd)

10B. KIND OF BUSINESS OR
INDUSTRY

Balto. Transit Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joshua McCauley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

--

16. SOCIAL
SECURITY NO.

213-10-1091

17. INFORMANT

ADDRESS

Mrs. Edith O. McCauley-3623 Forest Hill Rd

18. 191X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Squamous Cell Carcinoma of face. 12 mos.

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 27 19 53 to March 13, 19 53 that I last saw the
deceased alive on March 13 19 53, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1400 N. Caroline St.

March 13 19 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/16/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 15 1953

Huntington Williams, M.D.

Wm. J. Tichenor & Sons

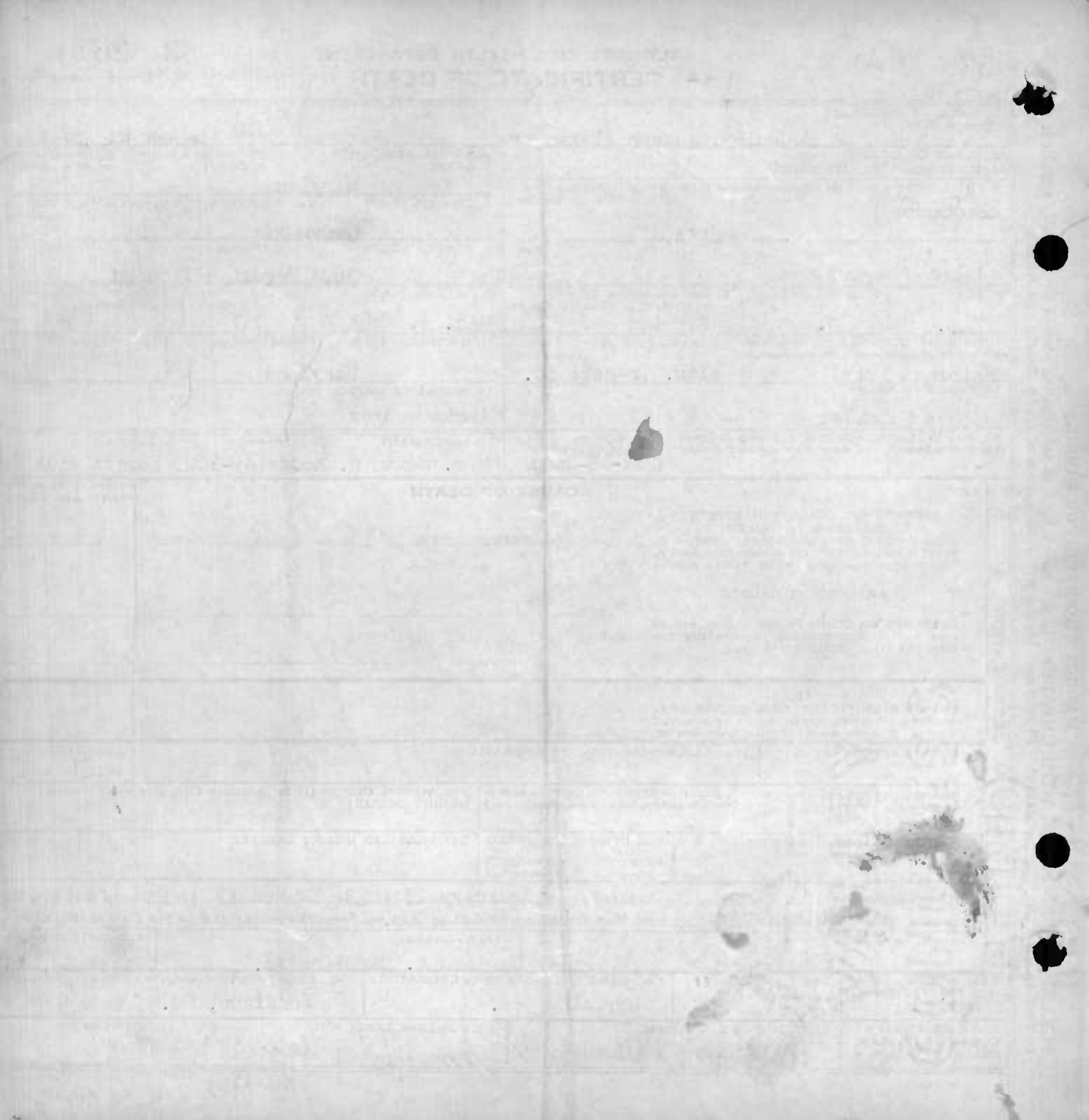
VS 150

661 51

Balto. 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2876

BIRTH NO.

53-05996

1. NAME OF DECEASED
(Type or Print)

BABY BOY VIVERETTE

2. DATE
OF
DEATH

3/9/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

UNION MEMORIAL HOSP

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

MARYLAND

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

9-01

D. STREET ADDRESS (If rural, give location)

4012 WILSBY AVE

c. Length of stay in Baltimore

11 Mos.

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

3/8/53

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11 5

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

JOHN A. VIVERETTE

14. MOTHER'S MAIDEN NAME

JOY ANN HOFFMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOY ANN VIVERETTE (MOTHER)

SAME

18. 760.5

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/8, 1953, to 3/9, 1953, that I last saw the
deceased alive on 3/9, 1953, and that death occurred at 3:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

W. W. Wenzelbach

M. D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

3/9/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL MAR 12 1953

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

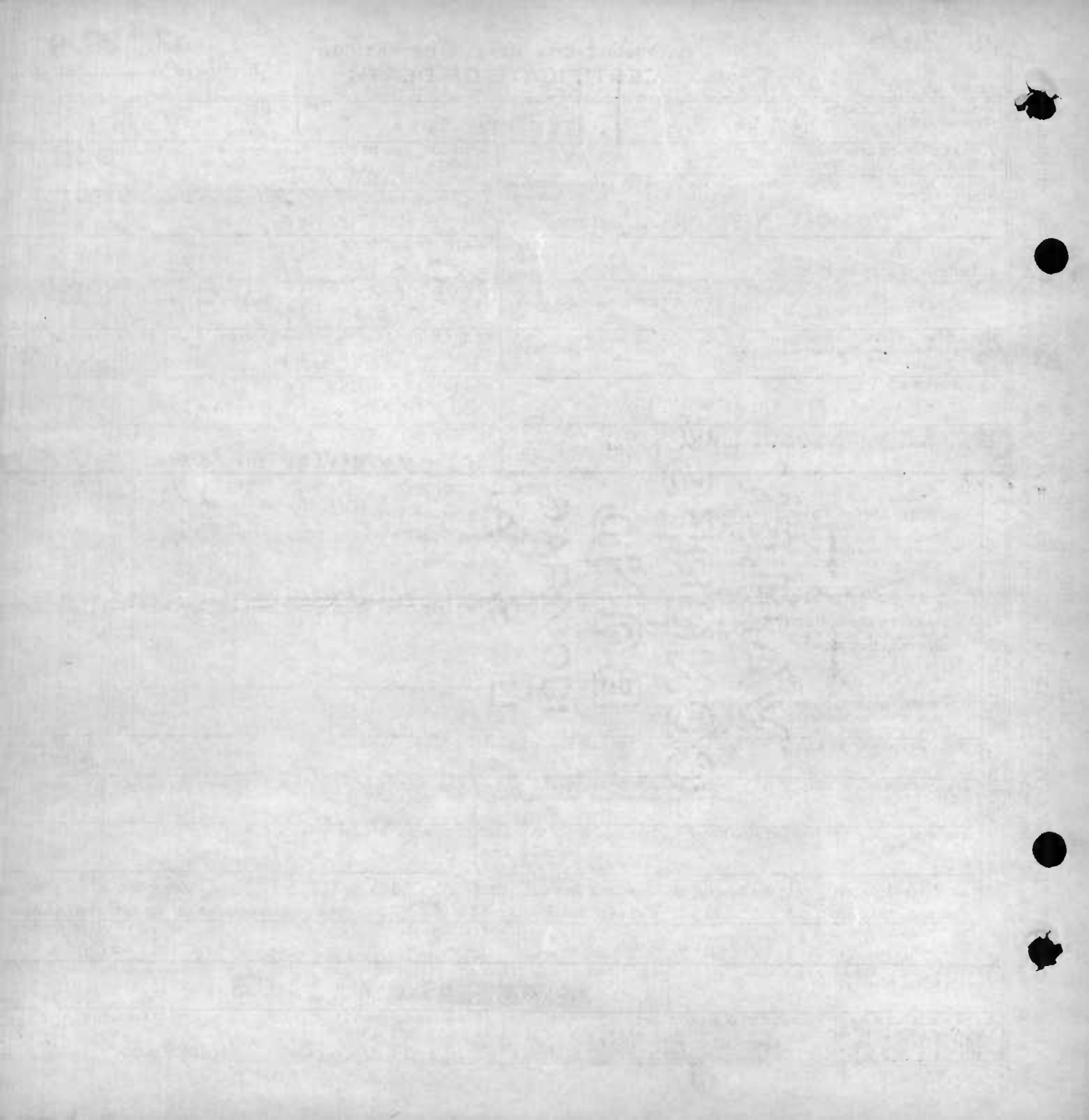
25. FUNERAL DIRECTOR

ADDRESS

MAR 15 1953

Huntington Williams, M.D.

Huntington Williams, M.D.



53 2677

BALTIMORE CITY HEALTH DEPARTMENT

53 2677

BIRTH NO. 53-05993

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED
(Type or Print)

BABY BOY HAMILTON

2. DATE
OF
DEATH

MAR. 4, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
A. STATE B. COUNTY before admission)

MARYLAND BALTIMORE

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

UNION MEMORIAL HOSP

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

PARKTON

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

MT. CARMEL

5300

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

MAR. 4, 1953

9. AGE (In years; last birthday) If Under 1 Year Months; Days If Under 24 Hours Hours; Min.

5 18

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

HARVEY A. HAMILTON

14. MOTHER'S MAIDEN NAME

DORA E. Scheeler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

DORAC. HAMILTON (Mother)

SAME

18. 762.5

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

ATALECTASIS

DUE TO

5 Hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

PREMATURITY

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

22. I hereby certify that I attended the deceased from 3/4 1953 to 3/4 1953 that I last saw the deceased alive on 3/4 1953, and that death occurred at 11:02 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Waverly W. Weybach

M. D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

3/4/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL MAR 9 1953

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

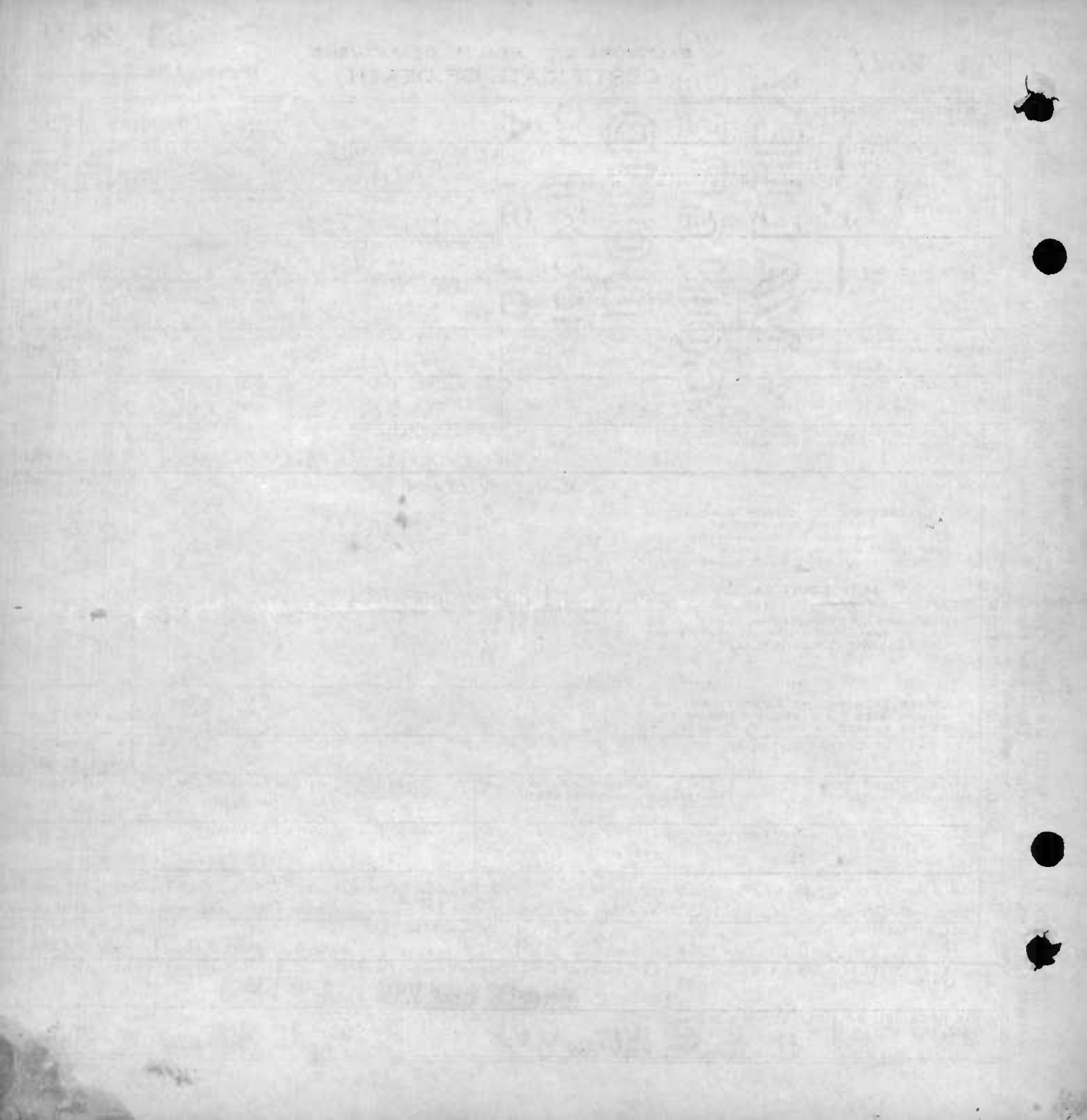
25. FUNERAL DIRECTOR

ADDRESS

MAR 15 1953

Huntington Williams, M.D.

Huntington Williams, M.D.



G-340

53 2678

BALTIMORE CITY HEALTH DEPARTMENT

53 2678

CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. 53-05353

1. NAME OF DECEASED
(Type or Print) Baby Gettle

2. DATE OF DEATH 2-28-53

3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR UNION Memorial Hospital4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE Maryland B. COUNTY CarrollC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
HampsteadD. STREET ADDRESS (If rural, give location)
5600

c. Length of stay in Baltimore

5. SEX
M6. COLOR OR RACE
Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH
2-28-53

9. AGE (In years last birthday) 11 Under 1 Year Months: Days 0 55

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Maryland12. CITIZEN OF WHAT COUNTRY?
U.S.A

13. FATHER'S NAME

Eugene Melvin Gettle

14. MOTHER'S MAIDEN NAME

Grace Black

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mother.

ADDRESS

Hampstead Md.

18. 760.5

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) subarachnoid hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) precipitous delivery

DUE TO

(C) prematurity

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

sub-scalpular hemorrhage

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

22. I hereby certify that I attended the deceased from 4pm 2-28, 1953, to 455pm 2-28, 1953, that I last saw the deceased alive on 450pm 2-28, 1953, and that death occurred at 450pm, from the causes and on the date stated above.

23A. SIGNATURE

J D Hubbard

23B. ADDRESS

M. D. Union Memorial Hosp.

23C. DATE SIGNED

Mar 3, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

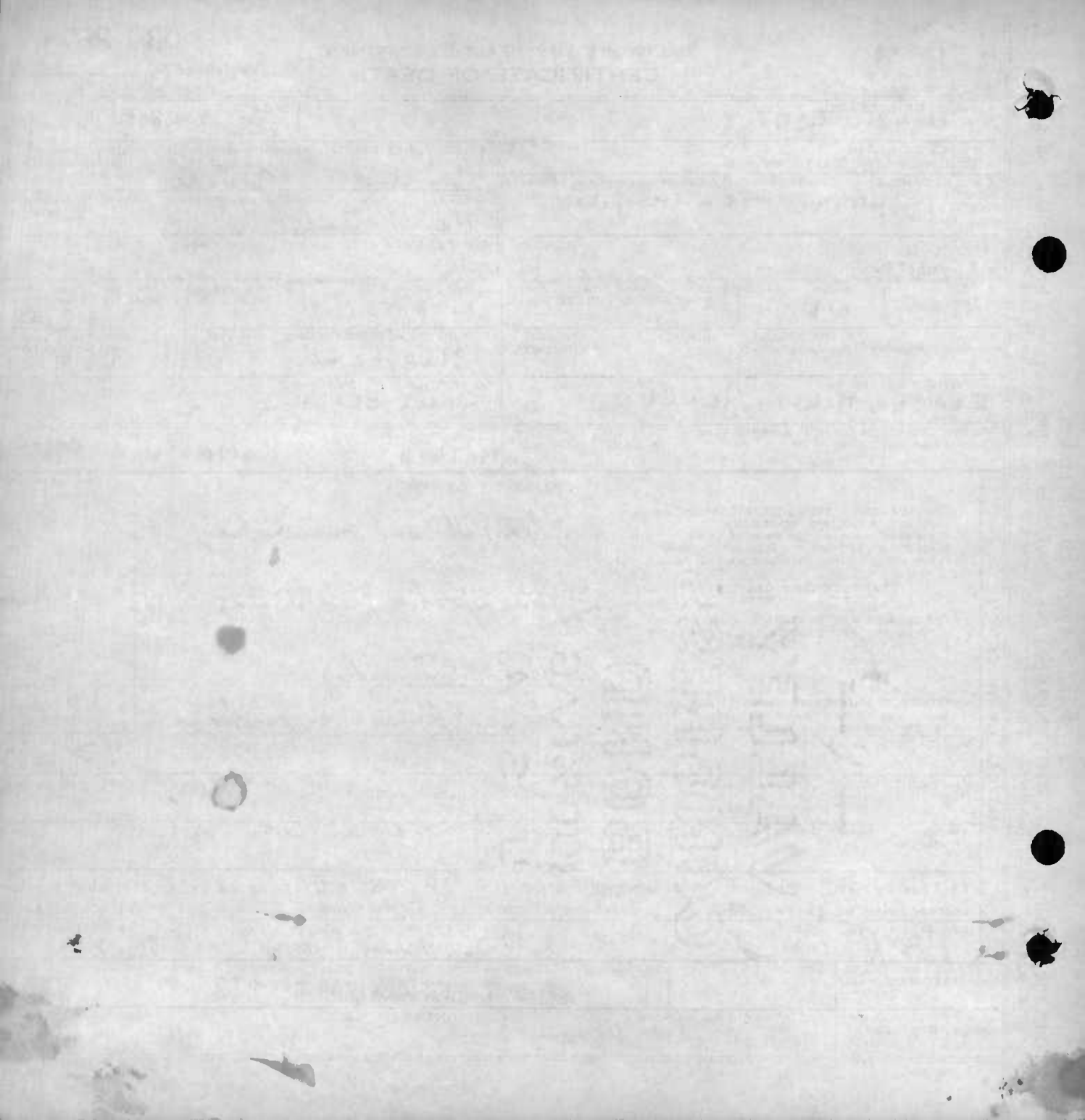
JOHN HOPKINS MEDICAL SCHOOL MAR 6 1953

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2679
Registered No.53 2679
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mrs. LEAH BERTHA BUHRMAN MCKENZIE			2. DATE OF DEATH March 14, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Frederick		
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Frederick 6011		
c. Length of stay in Baltimore 44 Yrs. 21 Mos. 21 Days			D. STREET ADDRESS (If rural, give location) 309 Upper College Terrace		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 14, 1899	9. AGE (last birthday) 53	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY housewife		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? U. S.		
13. FATHER'S NAME Albert L. Buhrman			14. MOTHER'S MAIDEN NAME Ada Buhrman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) unknown			16. SOCIAL SECURITY NO.		
17. INFORMANT James B. McKenzie			ADDRESS Frederick		

18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma DUE TO Adenocarcinoma of bowel DUE TO Cachexia	CAUSE OF DEATH Carcinoma Adenocarcinoma of bowel Cachexia	INTERVAL BETWEEN ONSET AND DEATH
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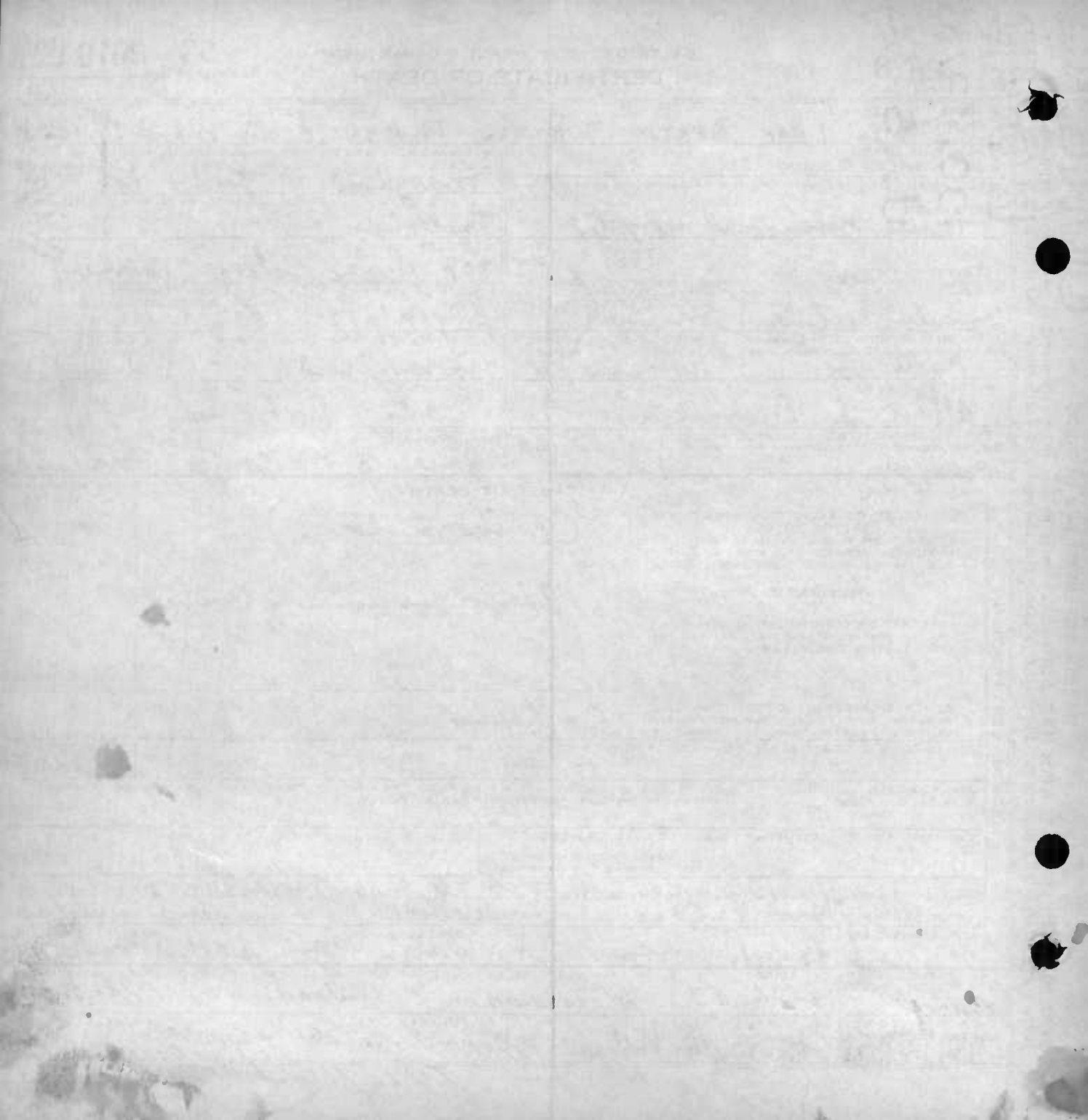
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb. 20**, 19**53** to **March 14**, 19**53** that I last saw the deceased alive on **March 14**, 19**53**, and that death occurred at **1:00 P.**m., from the causes and on the date stated above.

23A. SIGNATURE L. B. Brown	23B. ADDRESS Union Memorial Hosp.	23C. DATE SIGNED March 14, 1953
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3-16-53	24C. NAME OF CEMETERY OR CREMATORY Woodlawn	24D. LOCATION (City, town, or county) (State) Woodlawn, Md.
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DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1953	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc.	ADDRESS 1900 Eastaw Place
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 2680****53 2680**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Simon Greenebaum			2. DATE OF DEATH March 13, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland 2214 Park Ave.			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Balto. Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2214 Park Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-01		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 2214 Park Ave		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 18 1872	9. AGE (In years last birthday) 80 yrs	10. Under 1 Year Months: 3 Days: 23
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Buyer	11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Jacob Greenebaum			14. MOTHER'S MAIDEN NAME Ella Myers		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr Stanley Wollach 2214 Park Ave.		
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) acute cholelithiasis with cholecystitis CAUSE OF DEATH (A) DUE TO arteriosclerotic heart disease (B) DUE TO (C) DUE TO			INTERVAL BETWEEN ONSET AND DEATH 5 days 10 yrs		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1945 , 19__, to 3/13 , 19 53 , that I last saw the deceased alive on 3/13 , 19 53 , and that death occurred at 4:30 p.m., from the causes and on the date stated above.					
23A. SIGNATURE David R. Martin		23B. ADDRESS 23rd Eutaw Pl		23C. DATE SIGNED 3/14/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE March 15	24C. NAME OF CEMETERY OR CREMATORY Hebrew Friendship	24D. LOCATION (City, town, or county) (State) Baltimore St.		
DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS David R. Martin 1902 Eutaw Pl. David R Martin		



53 2681

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2681
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Helen W. Teiser

2. DATE
OF
DEATH

March 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Marlborough Apts.

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Balto. Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Marlborough Apts.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Marlborough Apts. Eutaw Pl.

C. Length of stay in Baltimore

40 yrs

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Aug. 26, 1872

9. AGE (In years last birthday) If Under 1 Year If Under 24 Hours
Months: Days Hours Min.

80 81 yrs 7 15

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Domestic

11. BIRTHPLACE (State or foreign country)

Richmond Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Simon Teiser

14. MOTHER'S MAIDEN NAME

Jennie Wallenstein

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Beatrice M. Teiser, Marlborough Apt

18.

443X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Acute Coronary Failure

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

48 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive C. V. Disease

DUE TO chr. arteriosclerosis + Failure

(C)

years.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1948, to March 13, 1953, that I last saw the deceased alive on March 13, 1953, and that death occurred at 4:07 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Bernard Cohen

23B. ADDRESS

Marlborough

23C. DATE SIGNED

3/14/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 15

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Hebrew

24D. LOCATION (City, town, or county)

Belair Rd.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

David R. Martin, 1902 Eutaw Pl.

ADDRESS

David R. Martin

VS 150

MARGIN RESERVED FOR BINDING

PLEASE TYPE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of medical examiner		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of hospital		17. Signature of nursing home		18. Signature of other institution	
19. Signature of other institution		20. Signature of other institution		21. Signature of other institution	
22. Signature of other institution		23. Signature of other institution		24. Signature of other institution	
25. Signature of other institution		26. Signature of other institution		27. Signature of other institution	
28. Signature of other institution		29. Signature of other institution		30. Signature of other institution	
31. Signature of other institution		32. Signature of other institution		33. Signature of other institution	
34. Signature of other institution		35. Signature of other institution		36. Signature of other institution	
37. Signature of other institution		38. Signature of other institution		39. Signature of other institution	
40. Signature of other institution		41. Signature of other institution		42. Signature of other institution	
43. Signature of other institution		44. Signature of other institution		45. Signature of other institution	
46. Signature of other institution		47. Signature of other institution		48. Signature of other institution	
49. Signature of other institution		50. Signature of other institution		51. Signature of other institution	
52. Signature of other institution		53. Signature of other institution		54. Signature of other institution	
55. Signature of other institution		56. Signature of other institution		57. Signature of other institution	
58. Signature of other institution		59. Signature of other institution		60. Signature of other institution	
61. Signature of other institution		62. Signature of other institution		63. Signature of other institution	
64. Signature of other institution		65. Signature of other institution		66. Signature of other institution	
67. Signature of other institution		68. Signature of other institution		69. Signature of other institution	
70. Signature of other institution		71. Signature of other institution		72. Signature of other institution	
73. Signature of other institution		74. Signature of other institution		75. Signature of other institution	
76. Signature of other institution		77. Signature of other institution		78. Signature of other institution	
79. Signature of other institution		80. Signature of other institution		81. Signature of other institution	
82. Signature of other institution		83. Signature of other institution		84. Signature of other institution	
85. Signature of other institution		86. Signature of other institution		87. Signature of other institution	
88. Signature of other institution		89. Signature of other institution		90. Signature of other institution	
91. Signature of other institution		92. Signature of other institution		93. Signature of other institution	
94. Signature of other institution		95. Signature of other institution		96. Signature of other institution	
97. Signature of other institution		98. Signature of other institution		99. Signature of other institution	
100. Signature of other institution		101. Signature of other institution		102. Signature of other institution	

FW 163017
53 2682BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2682

1. NAME OF DECEASED (Type or Print) William Stratton			2. DATE OF DEATH Feb. 20-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY 22-01		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 309 S. Sharp St		
C. Length of stay in Baltimore life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) Friendly Inn, Sharp & Campbell Street		
5. SEX M	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 6, 1910		9. AGE (in years last birthday) 42
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Jacob Stratton (Dec.)			14. MOTHER'S MAIDEN NAME Ella ? (dec.)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 219-22-1986		17. INFORMANT ADDRESS B.C.H. 4940 Eastern Ave. (records)	
18. 002X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Pulmonary Tuberculosis, Far advanced DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH 8 months
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-22- , 19 53 , to 2-20- , 19 53 that I last saw the deceased alive on 2-20- , 19 53 , and that death occurred at 10:30 Pm. , from the causes and on the date stated above.					
23A. SIGNATURE H. C. Johnson, M.D.		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 2-23-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 3/26/53		24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL	
24D. LOCATION (City, town, or county) (State) MARYLAND		24E. YEAR 1953			
DATE RECEIVED BY LOCAL REGISTRAR MARCH 15 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		FUNERAL DIRECTOR Va. Brooks Ruggold	

100

AB-144188

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2683

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Howard Meeks

2. DATE
OF
DEATH

Feb. 24-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION location)

Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

4940 Eastern Ave.

D. STREET ADDRESS (If rural, give location) Hospitals
4940 Eastern Ave., Baltimore City

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June ?

9. AGE (In years
last birthday)

94?

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMED BY
Records: Baltimore City Hospitals
4940 Eastern Ave.

18. 493X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pneumonia

DUE TO

1 wk.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-13- , 1950, to 2-24- , 1953, that I last saw the
deceased alive on 2-24- , 1953, and that death occurred at 8 A. m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Williams, M.D.

23B. ADDRESS

M. D.

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

2-24-1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL MAR 9 1953

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

CERTIFICATE OF DEATH

WILLIAM J. BROWN

M

CAUSE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2684

CG-16034

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Peter Pszydanek			2. DATE OF DEATH Feb. 28, 1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 57 yrs.			d. STREET ADDRESS (If rural, give location) Balto. City Hospitals		
5. SEX M	6. COLOR OR RACE Wh	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 1863	9. AGE (In years last birthday) 89	If Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Records: Balto. City Hospitals 4940 Eastern Ave.		

MEDICAL CERTIFICATION

18. 331x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Bronchopneumonia DUE TO (B) Cerebral-vascular Accident DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 5 days 2 weeks
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 8-9 , 19 53 , to 2-28 , 19 53 , that I last saw the deceased alive on 2-28 , 19 53 , and that death occurred at 10 P m., from the causes and on the date stated above.				
23a. SIGNATURE H. J. Williams, M.D.		23b. ADDRESS 4940 Eastern Ave. Balto. Md.		23c. DATE SIGNED 2-28-53
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL	24d. LOCATION (City, town, or county) (State) MAR 10 1953	

DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Huntington Williams, M.D.	ADDRESS
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Feb 28, 1953

Peter Parvianok

NAME		PETER PARVIANOK	
DATE OF BIRTH			
PLACE OF BIRTH			
DATE OF DEATH			
PLACE OF DEATH			
CAUSE OF DEATH			
MANNER OF DEATH			
EDUCATION			
OCCUPATION			
RELIGION			
MARRIAGE			
SPOUSE			
CHILDREN			
SIGNATURE			
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53 2685
MAY 135121
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2685
Registered No.

1. NAME OF DECEASED (Type or Print) Albert Yent			2. DATE OF DEATH Feb. 27, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-12		
c. Length of stay in Baltimore 67 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) Balto. City Hospitals, 4940 Eastern Ave.		
5. SEX M	6. COLOR OR RACE Wh	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 30, 1885		9. AGE (in years last birthday) 67 If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles Yent			14. MOTHER'S MAIDEN NAME Elizabeth Kelly		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Records: Baltimore City Hospitals 4940 Eastern Ave.		
18. 420.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Myocardial Infarction DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH 3 hrs.
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-20 , 19 50 , to 2-27 , 19 53 , that I last saw the deceased alive on 2-27 , 19 53 , and that death occurred at 9:20 p. m., from the causes and on the date stated above.					
23A. SIGNATURE H. J. Williams, M.D.		23B. ADDRESS 4940 Eastern Ave. Balto, Md.		23C. DATE SIGNED 2-27-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL	
24D. LOCATION (City, town, or county) (State)		24E. DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1953		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. DATE RECEIVED BY LOCAL REGISTRAR		24H. REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR Huntington Williams, M.D.	
24I. DATE RECEIVED BY LOCAL REGISTRAR		24J. REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	

STATE OF NEW YORK
CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX AND COLOR

EDUCATION

RELIGION

OCCUPATION

RESIDENCE

DATE OF BIRTH

PLACE OF BIRTH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2886BIRTH NO. 53 2886

1. NAME OF DECEASED (Type or Print) JENNIE H BRILL			2. DATE OF DEATH 3-13-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Md B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 5812 Park Heights Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 21-17		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 5812 Park Heights Ave		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH		9. AGE (in years last birthday) 57
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore Md		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Simon			14. MOTHER'S MAIDEN NAME Jennie		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Charles Rakim - 3831 Southern Ave		

18. 260X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Acute Coronary Thrombosis		Included 1 year.
		DUE TO Isolated Blood Vessel Disease		
ANTECEDENT CAUSES		(B) Diabetes & Hypertension		5 or 6 yrs.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		
		(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED M. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Jan , 1951, to Mar 13 , 1953, that I last saw the deceased alive on Nov 13 , 1953, and that death occurred at 9:30 am. , from the causes and on the date stated above.				
23A. SIGNATURE Robert M. Kolman MD		23B. ADDRESS 3700 Park Heights Ave		23C. DATE SIGNED 3/13/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3-15-53	24C. NAME OF CEMETERY OR CREMATORY Herring Hill		24D. LOCATION (City, town, or county) (State) Balto Md
DATE RECEIVED BY LOCAL REGISTRAR MAR 15 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR 2100 Eastern Pl

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

CAUSE OF DEATH

1. Immediate Cause of Death
2. Intermediate Cause of Death
3. Underlying Cause of Death

4. Manner of Death
5. Place of Death

6. Date of Death
7. Time of Death

8. Age at Death
9. Sex

10. Race
11. Marital Status

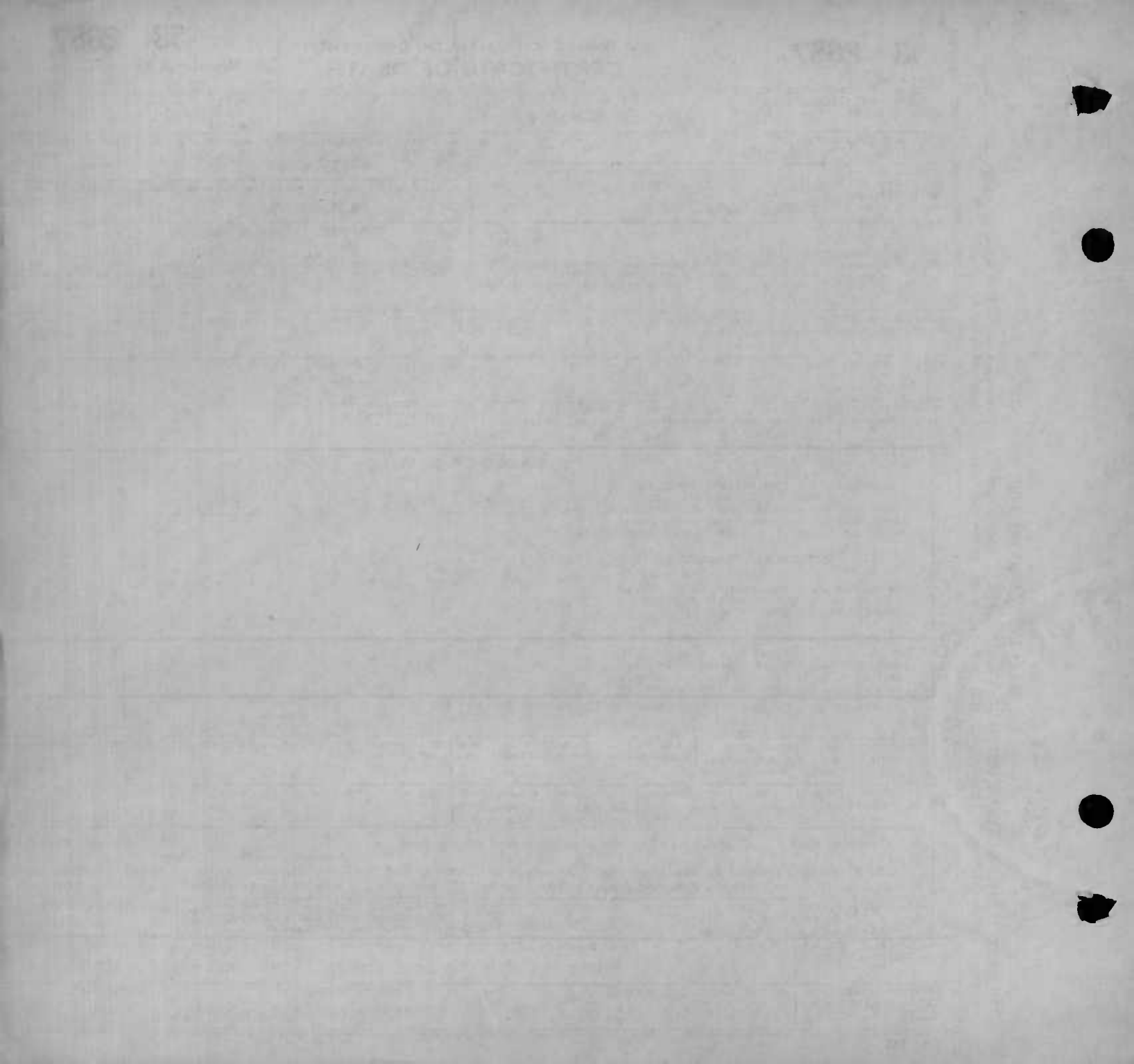
12. Education
13. Occupation

14. Residence
15. Date of Birth

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 2687		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 2687 Registered No. 53-2687	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) Dale Carl Edwards			2. DATE OF DEATH Feb. 27, 1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 4-01		
c. Length of stay in Baltimore			d. STREET ADDRESS (If rural, give location) 426 E. Pratt St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH u	9. AGE (In years last birthday) 40	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) u		10b. KIND OF BUSINESS OR INDUSTRY u	11. BIRTHPLACE (State or foreign country) k		12. CITIZEN OF WHAT COUNTRY? n
13. FATHER'S NAME k		14. MOTHER'S MAIDEN NAME w		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or Unknown) w	
16. SOCIAL SECURITY NO. w		17. INFORMANT ADDRESS			
18. CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Alcoholism DUE TO					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. UTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an _____ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23a. SIGNATURE William Williams		23b. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY Johns Hopkins Medical School	
24d. LOCATION (City, town, or county) (State)		March 12, 1953			
DATE RECEIVED BY LOCAL REGISTRAR Mar 15, 1953		REGISTRAR'S SIGNATURE Huntington Williams, MD.		25. FUNERAL DIRECTOR ADDRESS Huntington Williams, MD.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2688
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE

JOHNSON

2. DATE
OF
DEATH

Feb. 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Baltimore City Morgue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1421 E. Fairmount Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

U

9. AGE (in years
last birthday)

57

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

K

11. BIRTHPLACE (State or foreign country)

K

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

O

14. MOTHER'S MAIDEN NAME

O

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

N

ADDRESS

18. 150X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of esophagus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
Feb. 18, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

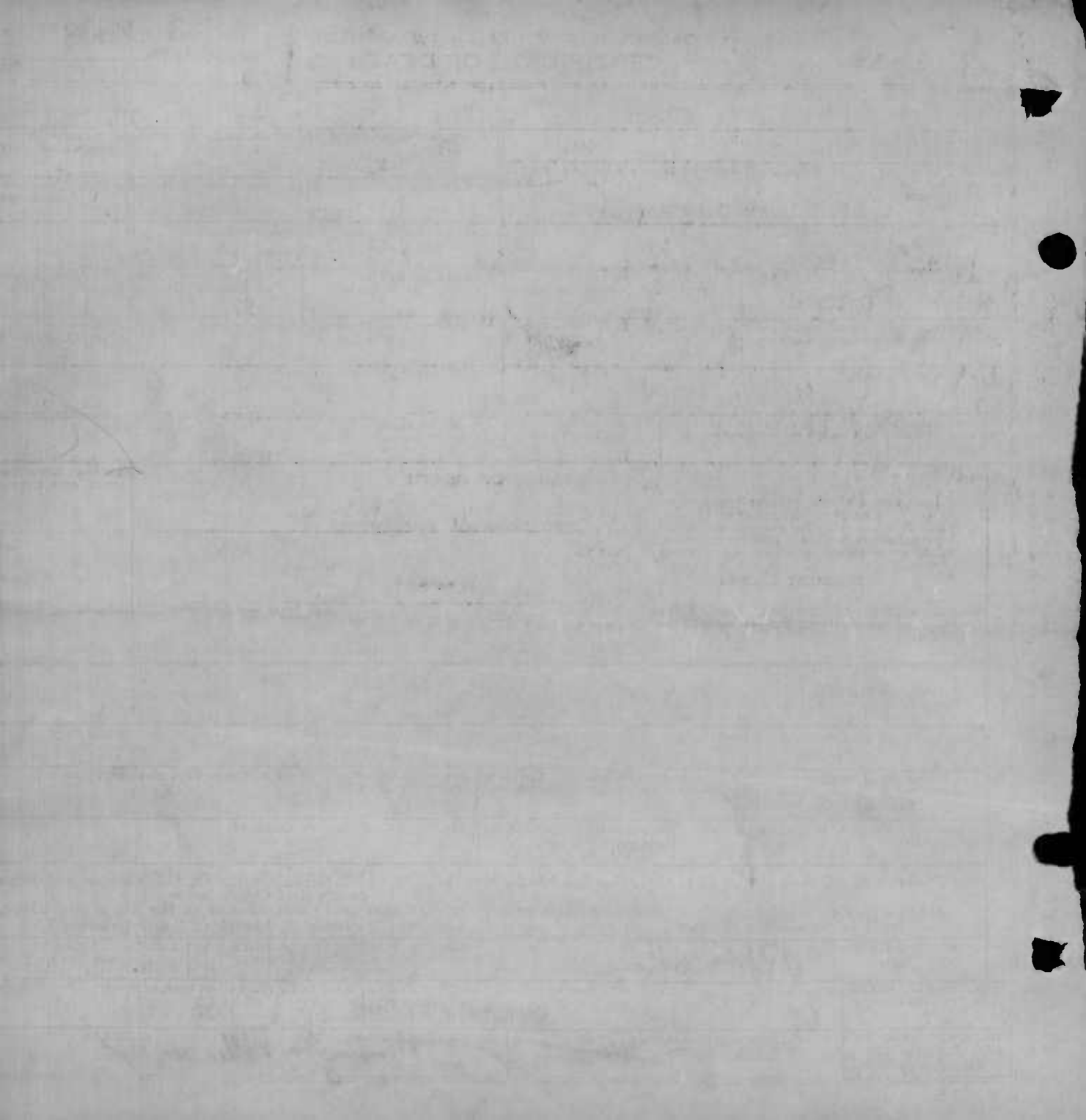
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Huntington Williams, M.D.

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sr. Mary Victor S.S.N.D. Burns

2. DATE
OF
DEATH

3/14/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland B. COUNTY 10-02

6. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mercy Hospital

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE, Maryland

o. STREET ADDRESS (If rural, give location)

901 Aisquith St. #2

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

OCT 19, 1882

9. AGE (In years,
last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Religious

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BOSTON, Mass

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Frances Burns

14. MOTHER'S MAIDEN NAME

Margaret O'Brien

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

SR. M. STAN. KOSKA

SAME.

18. 42011

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, osthenia, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TO

Coronary Thrombosis

3 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TO
(C) ...II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/21, 1953, to 3/14, 1953, that I last saw the
deceased alive on 3/14, 1953, and that death occurred at 1040 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Charles R. Dickerson

23B. ADDRESS

M. O. Mason

23C. DATE SIGNED

3-14-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

3-17-53

24C. NAME OF CEMETERY OR CREMATORY

VILLA MARIA CEM.

24D. LOCATION (City, town, or county)

NOTCH CLIFF NR TOWSON

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

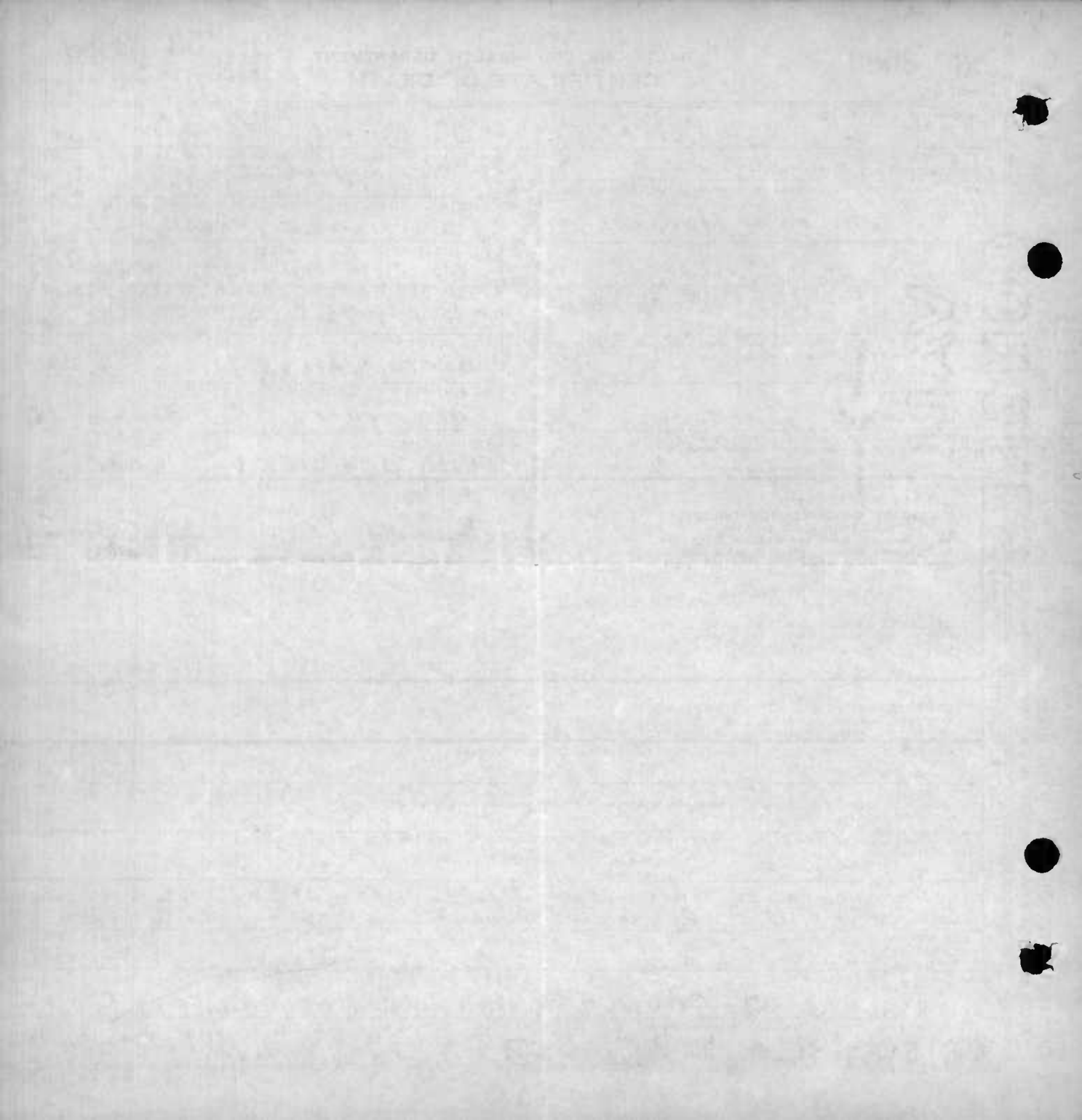
25. FUNERAL DIRECTOR

Charles S. Seiler

ADDRESS

901 S. CONKLING ST.

BALTO., MD.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2690
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WALTER

WHITE

2. DATE
OF DEATH Feb. 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 11-04

D. STREET ADDRESS (If rural, give location)

1004 Linden Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

UNKNOWN

9. AGE (In years last birthday)

75

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

K

11. BIRTHPLACE (State or foreign country)

N

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

N

14. MOTHER'S MAIDEN NAME

N

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

N

17. INFORMANT ADDRESS

N

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial insufficiency

DUE TO Arteriosclerotic cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED Feb. 10, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL MAR 11 1953

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

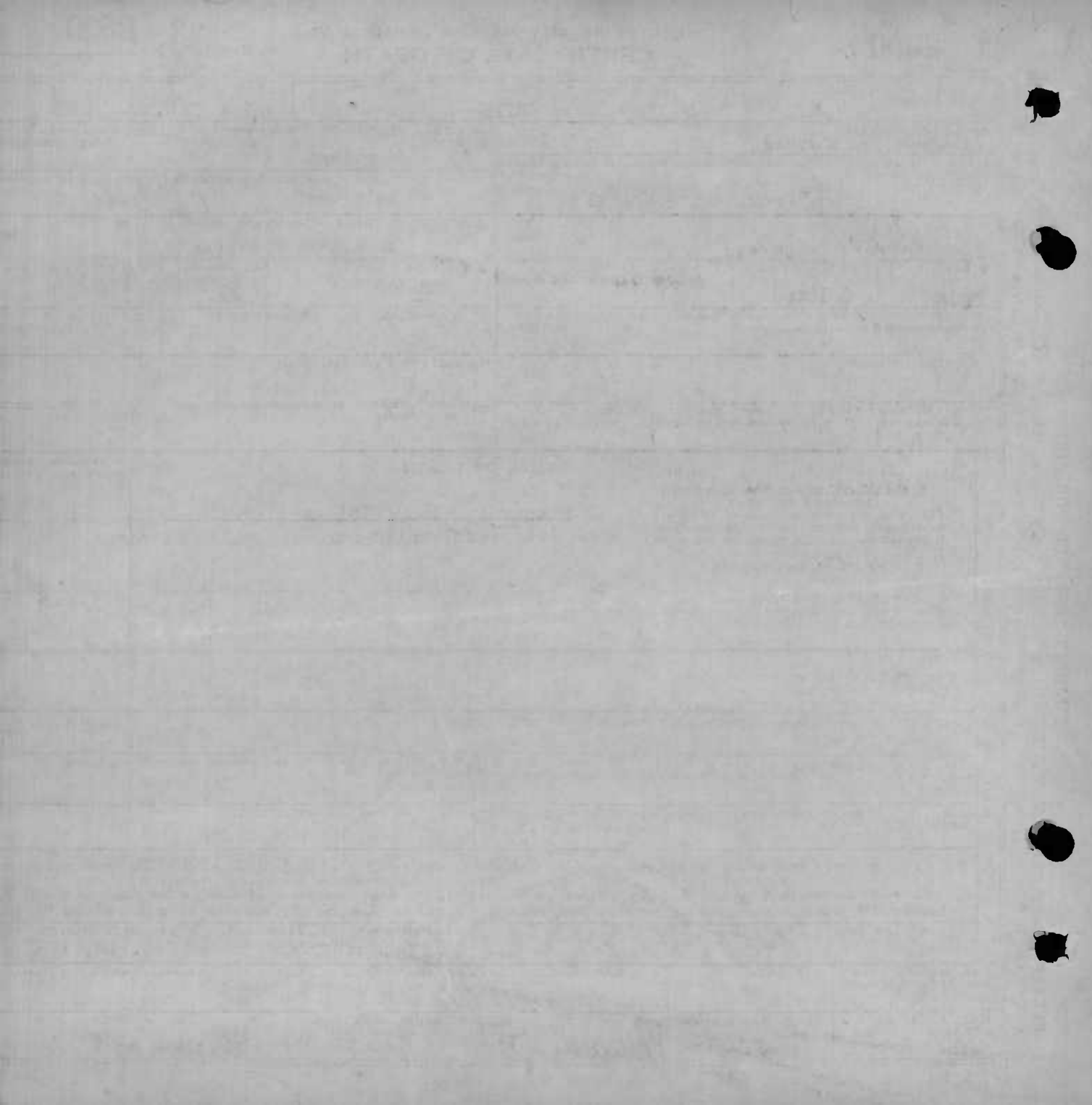
25. FUNERAL DIRECTOR

ADDRESS

MAR 15 1953

Huntington Williams, M.D.

Huntington Williams, M.D.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2691
Registered No.53 2691
BIRTH NO.

1. NAME OF DECEASED (Type or Print) JAMES GRIFFIN			2. DATE OF DEATH February 17, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 136 N. Exeter Street		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) UN	8. DATE OF BIRTH UN	9. AGE (In years last birthday) 29	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY NO	11. BIRTHPLACE (State or foreign country) NO		12. CITIZEN OF WHAT COUNTRY? N
13. FATHER'S NAME N			14. MOTHER'S MAIDEN NAME N		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
Feb. 18, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

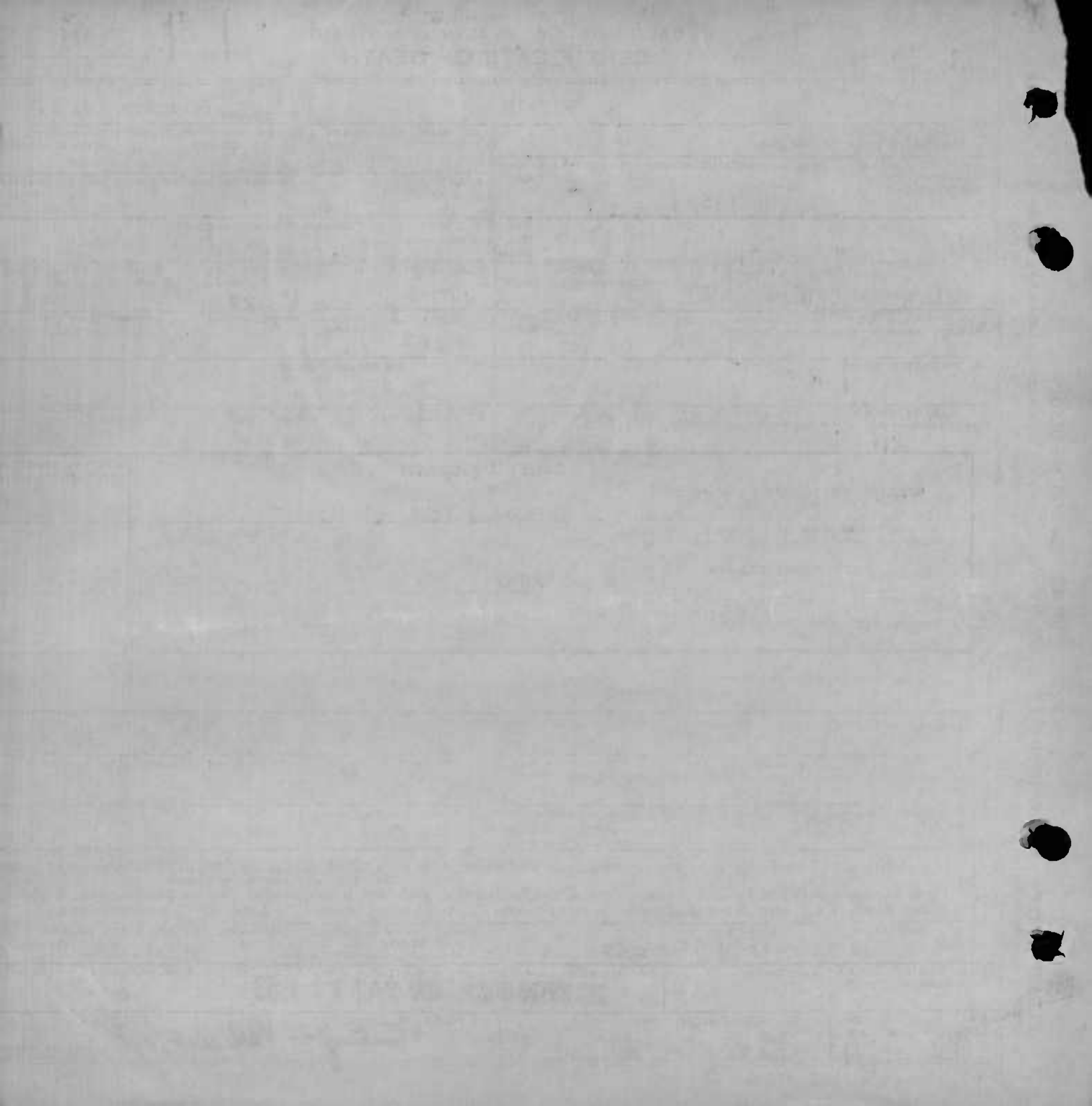
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2692

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN

HILL

2. DATE
OF
DEATH

February 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

612 E. Baltimore Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

U

8. DATE OF BIRTH

U

9. AGE (In years last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

N
K
H
O
W
N

11. BIRTHPLACE (State or foreign country)

K

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

O

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Failure

DUE TO Arteriosclerotic Cardiovascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. H. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
2/16/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

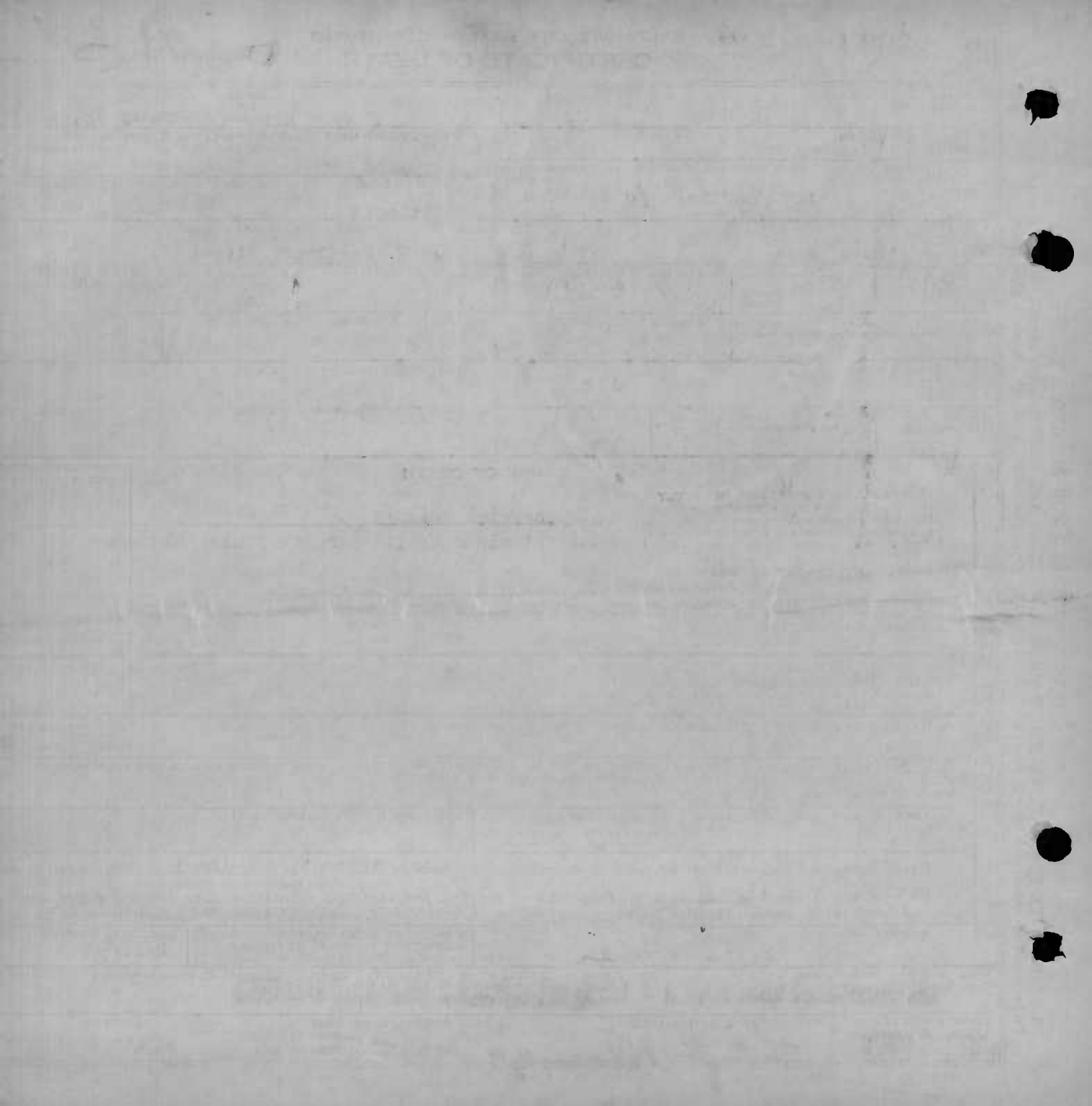
(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



53 2693 JL - 168385

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2693 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Pietro Ciambuschini			2. DATE OF DEATH March 14, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-01		
c. Length of stay in Baltimore 35 yrs. Yrs. 35 Mos. 0 Days 0			D. STREET ADDRESS (If rural, give location) 1902 W. Baltimore St.-23		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 16, 1894	9. AGE (In years last birthday) 59	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work during most of working life, or if retired) RESTAURANT-MAF			10B. KIND OF BUSINESS OR INDUSTRY SELF		
11. BIRTHPLACE (State or foreign country) Italy			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME Vincent Ciambuschino			14. MOTHER'S MAIDEN NAME Susie Palini		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO.		
17. INFORMANT B. C. H. Records, 4940 Eastern Ave.			ADDRESS		

18. 586x and 260x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cardiac Failure DUE TO (A) Cardiac Failure			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Ruptured Gall Bladder. Diabetes DUE TO (B) Ruptured Gall Bladder. Diabetes					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION March 7, 1953			19B. MAJOR FINDINGS OF OPERATION Ruptured Gall Bladder		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-5-53 , 19 53 , to March 14 , 19 53 that I last saw the deceased alive on March 14 , 19 53 and that death occurred at 7.45 PM , from the causes and on the date stated above.					
23A. SIGNATURE H. H. H. H.			23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 3-14-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/17/53		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
24D. LOCATION (City, town, or county) (State) Baltimore Md		24E. LOCATION (City, town, or county) (State) Baltimore Md			
DATE RECEIVED BY LOCAL REGISTRAR MAR 16 1953		REGISTRAR'S SIGNATURE Wilmington Williams, M.D.		FUNERAL DIRECTOR W. H. H. H.	
FUNERAL ADDRESS 2906 M Pratt & Stricker St					

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

53 2694

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2694
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George J. Bayer

2. DATE
OF
DEATH March 13 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission)
A. STATE Maryland B. COUNTY5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Windsor Rest Home
3025 Windsor AveC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore
Formerly 1827 W. Fairmount Ave

D. STREET ADDRESS (If rural, give location)

1827 W. Fairmount Ave

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widower

8. DATE OF BIRTH

1862/90

9. AGE (In years, last birthday)

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Produce dealer

11. BIRTHPLACE (State or foreign country)

Ind.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Michael J. Bayer

14. MOTHER'S MAIDEN NAME

Margaret A. -

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Walter J. Wells, 111 N Charles St.

18. 422.1 and 177X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) arteriosclerotic Myocarditis
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma prostate

1 yr.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1950, to March 13, 1953, that I last saw the deceased alive on March 13, 1953, and that death occurred at 10:40 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Morris B. Schneider

M. D.

23B. ADDRESS

54 S. F. Howard Ave.

23C. DATE SIGNED

3-14-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/16/53

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Essex Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Harry H. Witzke

ADDRESS

Edmondson Ave

MAR 16 1953

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. correct age especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

<p>1. Name of deceased: _____</p>		<p>2. Sex: _____</p>	
<p>3. Age: _____</p>		<p>4. Date of death: _____</p>	
<p>5. Place of death: _____</p>		<p>6. Cause of death: _____</p>	
<p>7. Signature of physician: _____</p>		<p>8. Signature of registrar: _____</p>	
<p>9. Date of registration: _____</p>		<p>10. Place of registration: _____</p>	

53 2695

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2695

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Caroline Marrone

2. DATE
OF
DEATH

Mar. 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

3-01

D. STREET ADDRESS (If rural, give location)

257 Ballou Ct.

c. Length of stay in Baltimore

51

Yrs.
Mos.
Days

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

7-3-1864

9. AGE (In years last birthday)

88

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Luigi Cane

14. MOTHER'S MAIDEN NAME

Rose Colonna

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

PULMONARY EMBOLISM

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

2 DAYS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

ARTERIO-SCLEROTIC CARDIOVASCULAR

DUE TO

DISEASE WITH CARDIAC FAILURE

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

PNEUMONIA, LEFT LOWER LOBE

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2-28, 1953, to 3-13, 1953, that I last saw the deceased alive on 3-13, 1953, and that death occurred at 1:20 A. M., from the causes and on the date stated above.

23A. SIGNATURE

A. H. Cane, Jr.

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3-13-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 16/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery 4430 Belair Rd.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Frank Della Voce 322 S. High St.

MAR 16 1953

VS 150

PLEASE
correct age

VS 150

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Name of Deceased		Date of Birth		Sex	
Place of Birth		Date of Death		Time of Death	
Cause of Death		Place of Death		Manner of Death	
Occupation		Residence		Hospital	
Physician		Funeral Home		Burial Place	
Age at Death		Length of Illness		Previous Illnesses	
Date of Report		Signature of Registrar		Signature of Physician	
Date of Entry		Signature of Clerk		Signature of Auditor	
Date of Filing		Signature of Director		Signature of Commissioner	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2697
Registered No.

BIRTH NO. 53 2697		1. NAME OF DECEASED (Type or Print) WILLIAM HENRY SMITH		2. DATE OF DEATH March 13, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland		B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1929 Hillenwood Road		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		27-07	
D. STREET ADDRESS (If rural, give location) 1929 Hillenwood Road		E. LENGTH OF STAY IN BALTIMORE 10 years		F. SEX M	
G. COLOR OR RACE W		H. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower		I. DATE OF BIRTH September 1, 1875	
J. AGE (in years last birthday) 77		K. Under 1 Year Months: Days		L. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10B. KIND OF BUSINESS OR INDUSTRY contracting		11. BIRTHPLACE (State or foreign country) North Carolina	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME ? Smith		14. MOTHER'S MAIDEN NAME ? Beatty	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 225-09-5600		17. INFORMANT 1929 Hillenwood Road -14 Mrs. Wm.L. Muir, Jr.	
18. 450.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) myocardial infarction		CAUSE OF DEATH (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 1 week	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic Arteriosclerosis		(B) DUE TO		10 yrs	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arterio Sclerosis		(C) DUE TO		10 yrs	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 20 , 1949, to March 13 , 1953, that I last saw the deceased alive on March 13 , 1953, and that death occurred at m. , from the causes and on the date stated above.					
23A. SIGNATURE Edmund H. Gibson		23B. ADDRESS 114 W. Carle Ave		23C. DATE SIGNED 3/13/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 3/16/53		24C. NAME OF CEMETERY OR CREMATORY Liberty Springs Cem.	
24D. LOCATION (City, town, or county) (State) Suffolk, Va.		DATE RECEIVED BY LOCAL REGISTRAR MAR 16 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
FURNERAL DIRECTOR HENRY SANDER & SONS, INC.		ADDRESS BALTO., 13, MD.		SIGNATURE George J. Sander	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 2698

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 2698

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Nora V. Fitzpatrick

2. DATE
OF
DEATH

March 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN
Baltimore

(If outside corporate limits, write RURAL and give township)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

3638 Roland Ave.

D. STREET ADDRESS (If rural, give location)

3638 Roland Ave.

C. Length of stay in Baltimore

75 years

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

June 17, 1870

9. AGE (In years
last birthday)

82

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Henry Scheaffer

14. MOTHER'S MAIDEN NAME

Mary Hare

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
None

17. INFORMANT

ADDRESS

Mrs. Harry White 3638 Roland Ave.

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma Transverse Colon 1 yr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 10, 1953, to March 13, 1953, that I last saw the
deceased alive on March 11, 1953 and that death occurred at 1:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

617 W. Mt. Royal Ave.

3/14/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

March 16, 53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Chas F. Evans & Son
18 W. Mt. Royal Ave.

Dr. Nelson

617 440-1 Street

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2699**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ethel Baublitz

2. DATE
OF
DEATH

3/15/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

Anne Arundel

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Lutheran Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore #25

D. STREET ADDRESS (If rural, give location)

5213 4th St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

5/10/21

9. AGE (In years
last birthday)

31

10. Under 1 Year
Months Days

11. Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Thompson

14. MOTHER'S MAIDEN NAME

Stine

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. **592X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

uremia

II
ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

chronic nephritis

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from **2/26**, 19**53**, to **3/15**, 19**53**, that I last saw the deceased alive on **3/15**, 19**53**, and that death occurred at **4:15 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Franklin L. Keller

M. D.

23B. ADDRESS

Lutheran Hosp.

23C. DATE SIGNED

3/15/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/17-1953

24C. NAME OF CEMETERY OR CREMATORY

Mt Oliver

24D. LOCATION (City, town, or county) (State)

Frederick County Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Walpersville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

Name of Deceased		Date of Birth		Sex	
Age		Date of Death		Time of Death	
Place of Birth		Place of Death		Cause of Death	
Occupation		Manner of Death		Signature of Physician	
Signature of Registrar		Signature of Coroner		Signature of Medical Examiner	

Witnessed by me, the undersigned, a Justice of the Peace, on this _____ day of _____, 19____.

Signature of Justice of the Peace

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

85-152
53 2700BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2700
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RUFUS

ROBINSON

2. DATE
OF
DEATH

March 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

17-01

D. STREET ADDRESS (If rural, give location)

610 George Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct-25-1985

9. AGE (In years last birthday)

67

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chauffuer

10B. KIND OF BUSINESS OR INDUSTRY

In General

11. BIRTHPLACE (State or foreign country)

Charleston S.C.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13. FATHER'S NAME

Richard Robinson

14. MOTHER'S MAIDEN NAME

Rebecca Small

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no or unknown) (If yes, give war or dates of service)

Yes

War # 2

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Rebecca Robinson 610 George St

18. E 971.5

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bichloride of mercury poisoning

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

610 George Street

21D. TIME (Month) (Day) (Year) (Hour)

March 10, 1953

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Ingested bichloride of mercury tablets

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

March 12, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/16/1953

24C. NAME OF CEMETERY OR CREMATORY

Balto. Nat. Cem.

24D. LOCATION (City, town, or county)

Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MART 6 1953 Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Elroy S. Wilson 1000 Beantley

ADDRESS

VS 151

N 965X

683 99

1964

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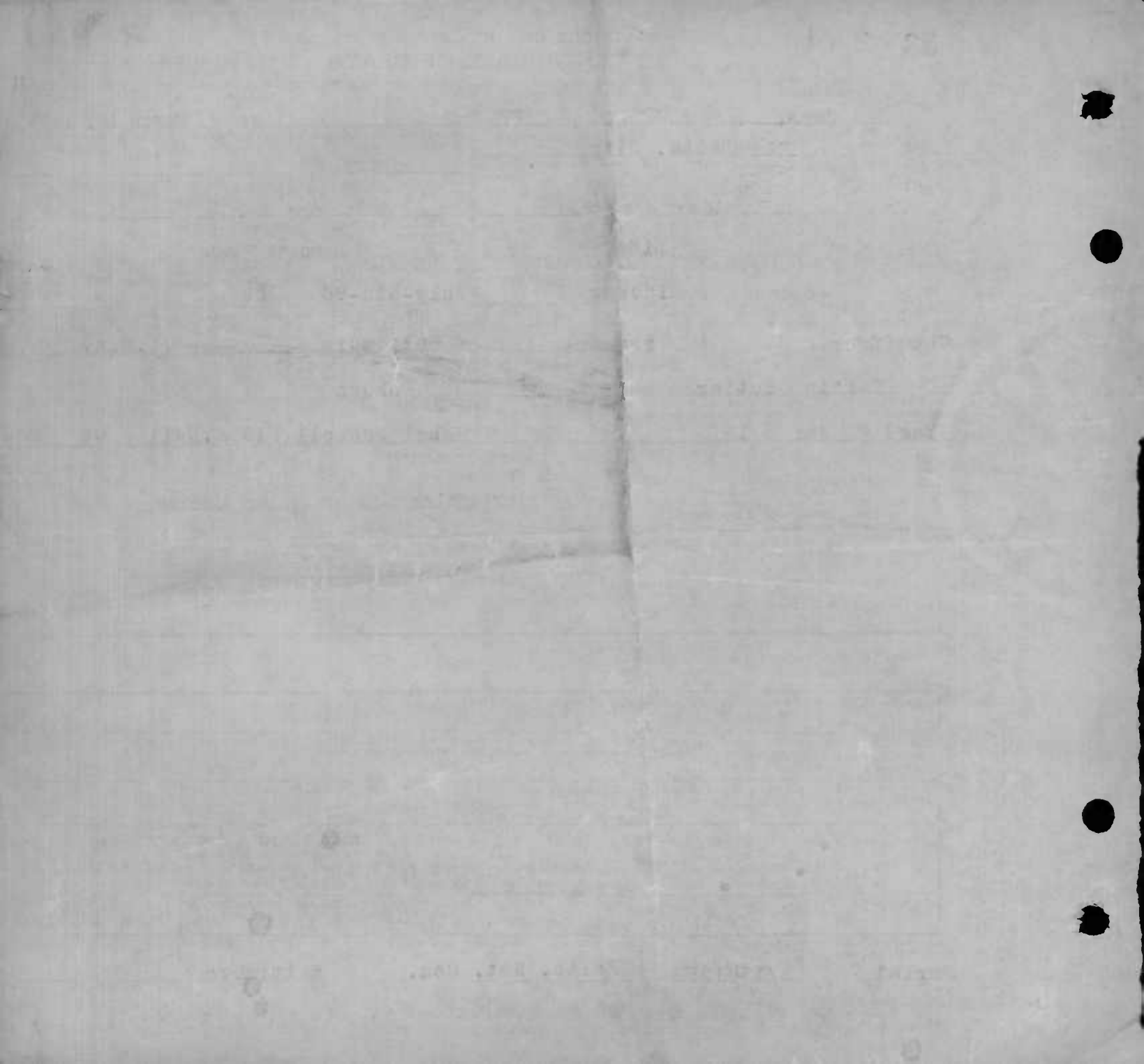
1964

1964

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 2701		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 2701 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) James EUGENE BUTLER			2. DATE OF DEATH March 13, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 905 Bennett Place		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH July-6th-96	9. AGE (In years, last birthday) 56	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur		10B. KIND OF BUSINESS OR INDUSTRY Private	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Martin Butler			14. MOTHER'S MAIDEN NAME Unkown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. War # 1		17. INFORMANT ADDRESS Mabel Boswell 215 N. Dallas Ct	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease			CAUSE OF DEATH		
DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES			(B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED March 13, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/12/1953		24C. NAME OF CEMETERY OR CREMATORY Balto. Nat. Cem.	
24D. LOCATION (City, town, or county) Baltimore		24E. REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS W. Wilson 1000 Brantly Ave	
DATE RECEIVED BY LOCAL REGISTRAR MAD 16 1953		6828A			



53 2702

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2702
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Desare Blum

2. DATE
OF
DEATH

March 16 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3915 Forest Park Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 15-07

c. Length of stay in Baltimore

48 yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3915 Forest Park Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

July 25, 1884

9. AGE (In years
last birthday)

68

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

13. FATHER'S NAME

Jacob Goldberg

11. BIRTH PLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Yetta?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Jerome Blum - 3915 Forest Park Ave

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Myocarditis - Pulmonary edema
Purpura

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerosis

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1942, to March 16, 1953 that I last saw the
deceased alive on March 16, 1953, and that death occurred at 4:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Benjamin Hadyn

23B. ADDRESS

2306 Eutaw Pl

23C. DATE SIGNED

3-16-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/17/53

24C. NAME OF CEMETERY OR CREMATORY

Har Zion Cong

24D. LOCATION (City, town, or county)

Baltimore, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Brook Robinson

ADDRESS

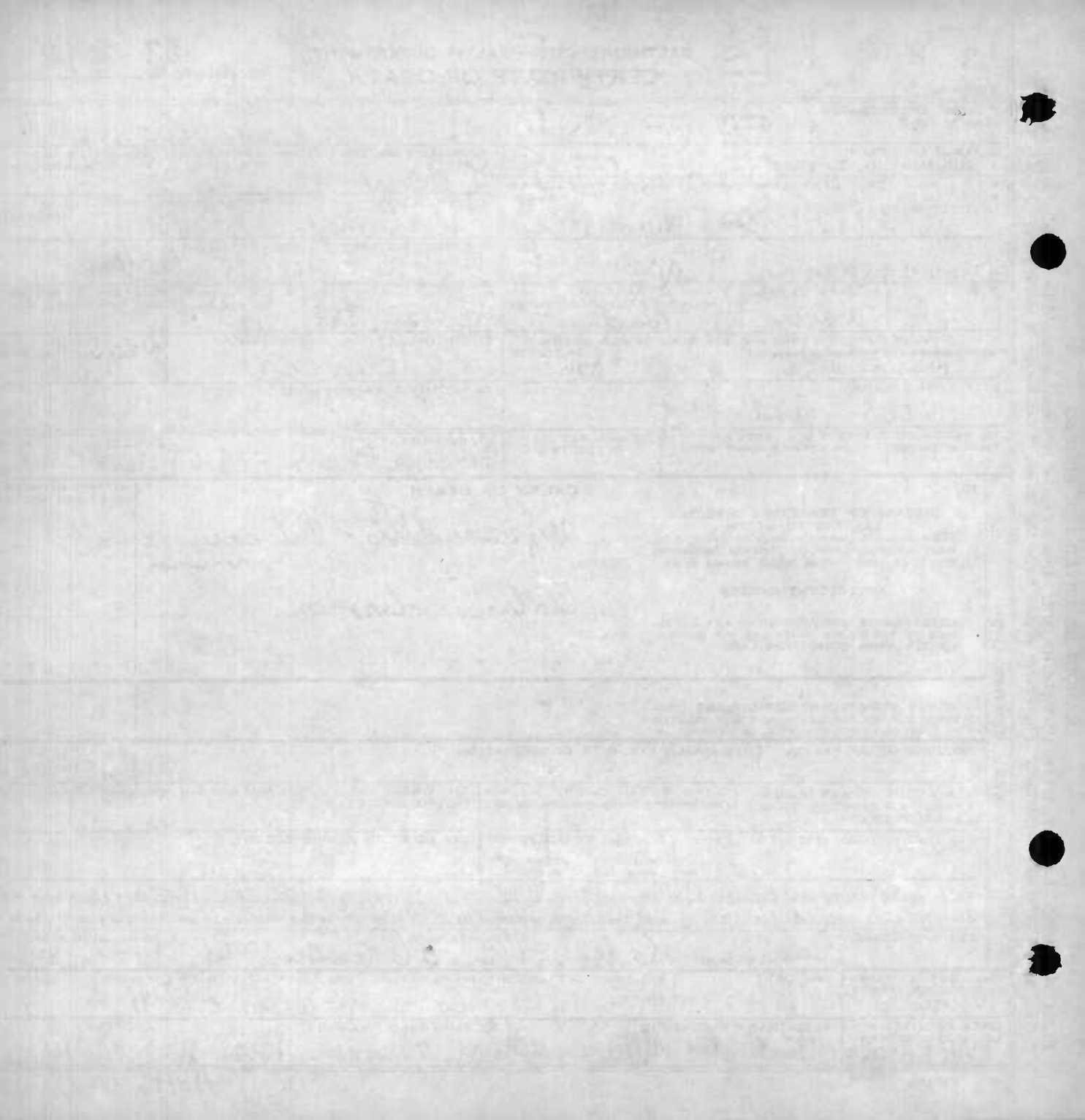
Brook Robinson

VS 150

North Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



F 420
53 2703BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Alexander Falk

2. DATE
OF
DEATH

March 16/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3712 Liberty Heights Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 15-11

D. STREET ADDRESS (If rural, give location)

3712 Liberty Heights Ave.

c. Length of stay in Baltimore

63 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

June - 1871

9. AGE (In years)

81

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Mfg.

10B. KIND OF BUSINESS OR
INDUSTRY

Men's Pants

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Philip Falk

14. MOTHER'S MAIDEN NAME

Edith?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Miss Leah Falk - 3712 Liberty Hts.

ADDRESS

Apartment

18. 420.1 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pulmonary Edema

INTERVAL BETWEEN
ONSET AND DEATH

1-2 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Arteriosclerotic - C.V. Disease

DUE TO

(C)

Coronary occlusion - May
25 myocardial infarction

May 1950

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1950, to March 16, 1953, that I last saw the
deceased alive on March 16, 1953, and that death occurred at 4:55 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Joseph C. Matlack

23B. ADDRESS

3623 Liberty Hts

23C. DATE SIGNED

March 16/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/16/53

24C. NAME OF CEMETERY OR CREMATORY

Anshei Emunah

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

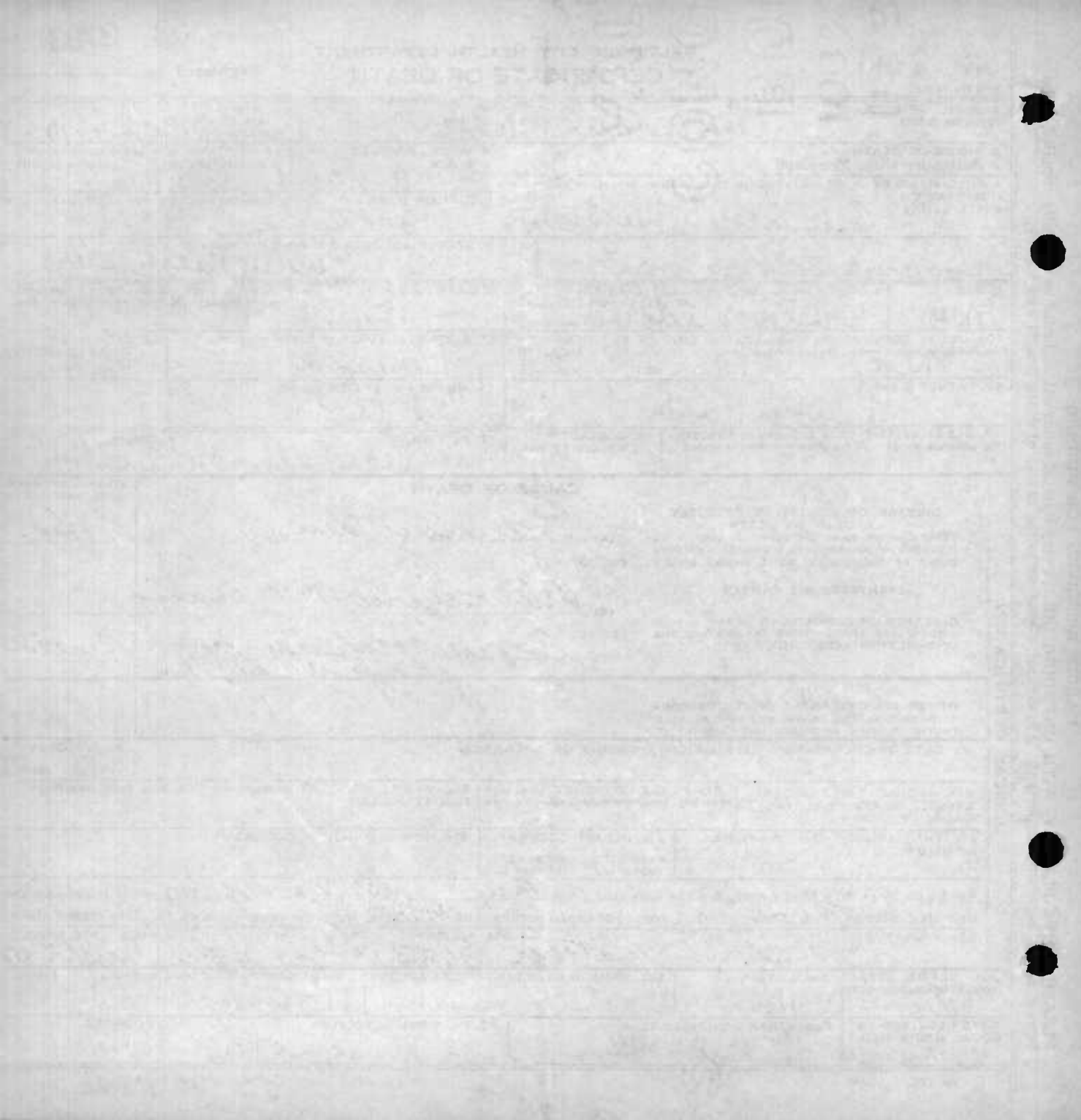
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. L. Johnson + Bros - 1124-26

ADDRESS

W. North Ave.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2704
Registered No.53 2704
BIRTH NO.

1. NAME OF DECEASED (Type or Print)		SIMON CAPLAN		2. DATE OF DEATH March 15, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3822 Park Heights Ave				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-12	
D. STREET ADDRESS (If rural, give location) 3822 Park Heights Ave				E. Length of stay in Baltimore Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1901	9. AGE (in years last birthday) 52	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Metal Broker		10B. KIND OF BUSINESS OR INDUSTRY Own Business		11. BIRTHPLACE (State or foreign country) Baltimore Md	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Abraham Caplan		14. MOTHER'S MAIDEN NAME Sarah Leventhal	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Miss Joan Caplan 3822 Park Heights Ave	

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Vascular Accident

DUE TO

Anteriorcholesteric C.V.N.D.

ANTECEDENT CAUSES

(B)

Angina Pectoris.

DUE TO

Coronary Insufficiency

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Feb 29, 1948 to MAR 15, 1953 that I last saw the deceased alive on MAR 15, 1953, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

MAR 16 1953

Huntington Williams, M.D.

2511 Banks Town RD 3/16/53

STATE OF NEW YORK
 DEPARTMENT OF HEALTH
 CERTIFICATE OF DEATH

Name of Deceased		Sex		Age		Date of Birth	
Place of Birth		Race		Marital Status		Occupation	
Usual Residence		Date of Death		Time of Death		Place of Death	
Cause of Death		Immediate Cause		Underlying Cause		Manner of Death	
Physician's Signature		Physician's Title		Physician's Address		Physician's Phone	
Coroner's Signature		Coroner's Title		Coroner's Address		Coroner's Phone	

CAUSE OF DEATH

DEATH OF DECEASED
 WAS CAUSED BY
 THE FOLLOWING DISEASES
 AND CONDITIONS
 LISTED IN ORDER OF
 IMPORTANCE

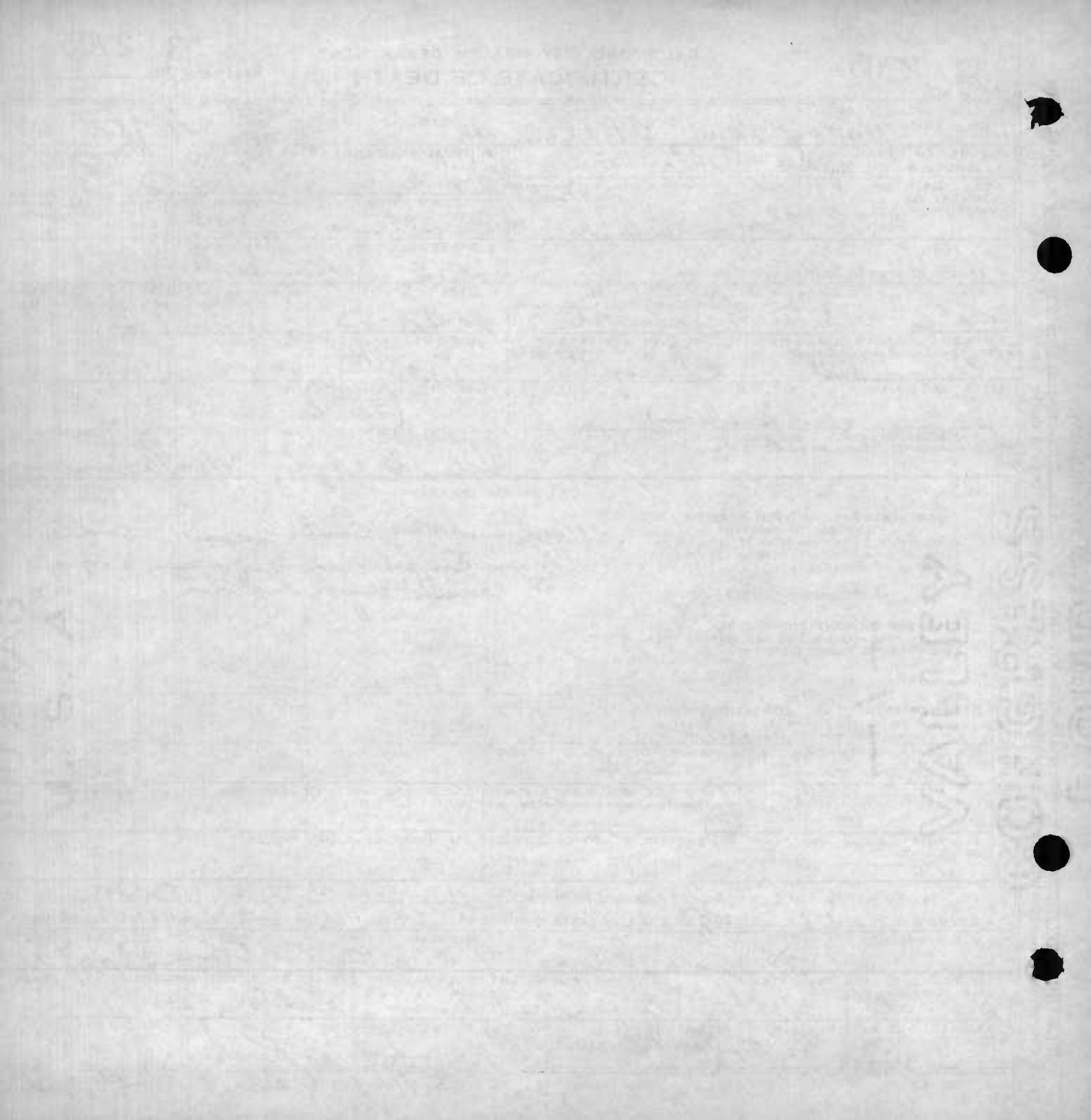
1. (Immediate Cause)		2. (Underlying Cause)	
3. (Manner of Death)		4. (Other Cause)	
5. (Other Cause)		6. (Other Cause)	
7. (Other Cause)		8. (Other Cause)	
9. (Other Cause)		10. (Other Cause)	
11. (Other Cause)		12. (Other Cause)	
13. (Other Cause)		14. (Other Cause)	
15. (Other Cause)		16. (Other Cause)	
17. (Other Cause)		18. (Other Cause)	
19. (Other Cause)		20. (Other Cause)	
21. (Other Cause)		22. (Other Cause)	
23. (Other Cause)		24. (Other Cause)	
25. (Other Cause)		26. (Other Cause)	
27. (Other Cause)		28. (Other Cause)	
29. (Other Cause)		30. (Other Cause)	
31. (Other Cause)		32. (Other Cause)	
33. (Other Cause)		34. (Other Cause)	
35. (Other Cause)		36. (Other Cause)	
37. (Other Cause)		38. (Other Cause)	
39. (Other Cause)		40. (Other Cause)	
41. (Other Cause)		42. (Other Cause)	
43. (Other Cause)		44. (Other Cause)	
45. (Other Cause)		46. (Other Cause)	
47. (Other Cause)		48. (Other Cause)	
49. (Other Cause)		50. (Other Cause)	
51. (Other Cause)		52. (Other Cause)	
53. (Other Cause)		54. (Other Cause)	
55. (Other Cause)		56. (Other Cause)	
57. (Other Cause)		58. (Other Cause)	
59. (Other Cause)		60. (Other Cause)	
61. (Other Cause)		62. (Other Cause)	
63. (Other Cause)		64. (Other Cause)	
65. (Other Cause)		66. (Other Cause)	
67. (Other Cause)		68. (Other Cause)	
69. (Other Cause)		70. (Other Cause)	
71. (Other Cause)		72. (Other Cause)	
73. (Other Cause)		74. (Other Cause)	
75. (Other Cause)		76. (Other Cause)	
77. (Other Cause)		78. (Other Cause)	
79. (Other Cause)		80. (Other Cause)	
81. (Other Cause)		82. (Other Cause)	
83. (Other Cause)		84. (Other Cause)	
85. (Other Cause)		86. (Other Cause)	
87. (Other Cause)		88. (Other Cause)	
89. (Other Cause)		90. (Other Cause)	
91. (Other Cause)		92. (Other Cause)	
93. (Other Cause)		94. (Other Cause)	
95. (Other Cause)		96. (Other Cause)	
97. (Other Cause)		98. (Other Cause)	
99. (Other Cause)		100. (Other Cause)	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2705
Registered No.53 2705
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>HARRY PAUL CLIFTON, SR.</i>			2. DATE OF DEATH <i>3/15/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. Md.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>27-06</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2916 Bayonne Ave.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Md.</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>2916 Bayonne Ave.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>2-12-83</i>		9. AGE (In years last birthday) <i>70</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Chiropractor</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Chiropractor</i>		11. BIRTHPLACE (State or foreign country) <i>Boston, Mass.</i>
13. FATHER'S NAME <i>(Unknown)</i>			14. MOTHER'S MAIDEN NAME <i>(Unknown)</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Helen S. Clifton, 2916 Bayonne Ave.</i>		

18. <i>527.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Pulmonary Embolism</i> DUE TO <i>Chronic Emphysema with Chronic Myocarditis</i>	CAUSE OF DEATH (A) <i>Pulmonary Embolism</i> DUE TO <i>Chronic Emphysema with Chronic Myocarditis</i> (B) <i>Chronic Emphysema with Chronic Myocarditis</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>sudden</i> <i>20 years</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>None</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>Dec 11</i> , 19 <i>51</i> , to <i>3/15</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>2/8</i> , 19 <i>53</i> , and that death occurred at <i>7 a.m.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>Ernest Zuercher</i> M.D.	23B. ADDRESS <i>2318 Euter Place</i>	23C. DATE SIGNED <i>3/16/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3/18/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Govans Presbyterian</i>
24D. LOCATION (City, town, or county) (State) <i>Balto., Md.</i>	25. FUNERAL DIRECTOR ADDRESS <i>Leonard J. Ruck</i> <i>5305 Heford Rd., Balto. 14, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 16 1953</i>		
REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 53 2706 51-14953

2. DATE OF DEATH 3/14/53

1. NAME OF DECEASED (Type or Print)

Brennan, Rosemary

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland

B. COUNTY Baltimore Anne Arundel

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Maryland (Pasadena)

D. STREET ADDRESS (If rural, give location)

3 Hillside Rd. Rockhill Beach 5200

C. Length of stay in Baltimore 20 MO.

Yrs.
Mos.
Days

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

20 MO. 7/6/51

9. AGE (In years last birthday)

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

20

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Eugene M.

14. MOTHER'S MAIDEN NAME

Catherine Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 197X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Post-operative shock

INTERVAL BETWEEN ONSET AND DEATH

4 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Angioblastoma, facial, left.

CERTIFICATION APPROVED BY

Chief or Asst. Medical Examiner

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3/14/53

19B. MAJOR FINDINGS OF OPERATION

Angioblastoma, facial, left.

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/10 1953 to 3/14 1953, that I last saw the deceased alive on 3/14 1953, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Stephen K. Padonis

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

3/15/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

3/16/53

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county) (State)

Old Frederick Rd

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. Foley & Sons 138 Light

STATE OF NEW YORK
CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH		PLACE OF DEATH	
DATE OF BIRTH		PLACE OF BIRTH		EDUCATION		OCCUPATION		MARRIAGE		RELIGION	
CAUSE OF DEATH		MANNER OF DEATH		MEDICAL HISTORY		HISTORY OF PRESENT ILLNESS		TREATMENT		POST-MORTEM	
SIGNATURE OF PHYSICIAN		SIGNATURE OF CORONER		SIGNATURE OF JURY		SIGNATURE OF DECEASED		SIGNATURE OF WITNESSES		SIGNATURE OF REGISTRAR	
DATE OF SIGNATURE		PLACE OF SIGNATURE		DATE OF SIGNATURE		PLACE OF SIGNATURE		DATE OF SIGNATURE		PLACE OF SIGNATURE	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 2707**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK

SLECHTA

2. DATE
OF
DEATH

March 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Baltimore City Morgue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

839 N. Washington Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

March 21, 1894

9. AGE (In years last birthday)

58

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Misc.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Michael Slechta

14. MOTHER'S MAIDEN NAME

Frances Killian

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

World War 1

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mamie Janos, Annapolis, Md.

18. 340.1 and 322.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumococcic meningitis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Acute and chronic alcoholism

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
March 13, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-17-1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

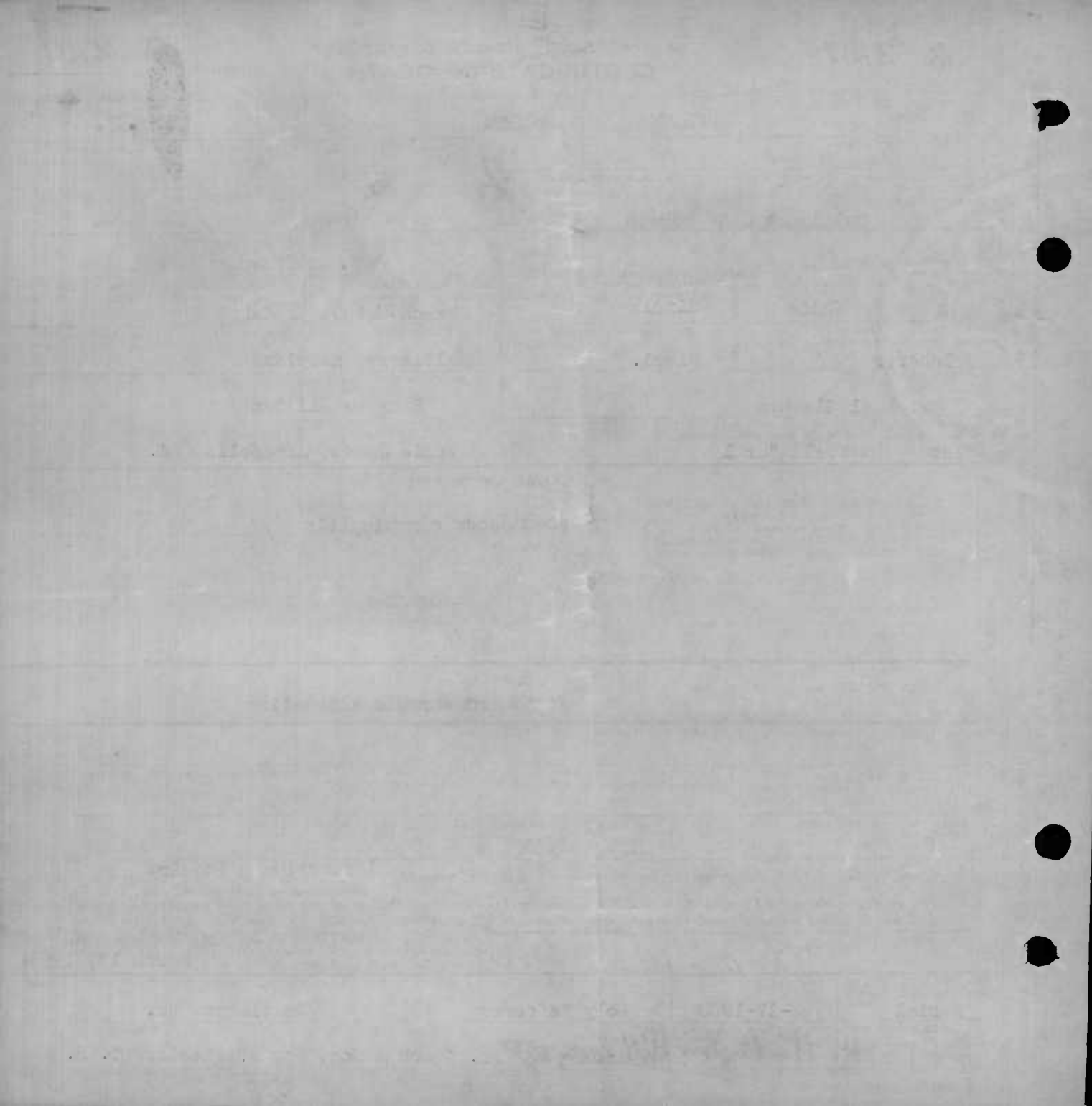
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Fr. Svach & Son, 900 N. Chester St. 5.



L-360

53 2708

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2708

Registered No.

1. NAME OF DECEASED (Type or Print) <i>James Vincent Latore (Latara)</i>		2. DATE OF DEATH <i>3-14-53</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Maryland</i> b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>Balto. City Pumping Station</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>7-03</i>	
c. Length of stay in Baltimore <i>29 yrs</i>		d. STREET ADDRESS (If rural, give location) <i>726 G. Patterson Rd. Ct</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>May 6, 1923</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Coal Trimmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Balto. City</i>	9. AGE (In years last birthday) <i>29</i> If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.
13. FATHER'S NAME <i>Joseph Latore</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>	
16. SOCIAL SECURITY NO. <i>217-127997</i>		14. MOTHER'S MAIDEN NAME <i>Rose Gabrielle</i>	
17. INFORMANT <i>Rose Latore</i>		ADDRESS <i>726 G. Patterson Rd. Ct</i>	
18. <i>E925.3 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Asphyxiation</i> DUE TO ANTECEDENT CAUSES (B) _____ DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, etc.) <i>Pumping Station City Pumping Station</i>	21c. WHERE DID INJURY OCCUR (If in Baltimore City, give exact location) <i>Eastern & East Falls Ave.</i>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>3/14/53 10:45 a.m.</i>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>fell & was buried under coal</i>	
22. I certify that I took charge of the remains described above, held an <i>Internal Autopsy</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23a. SIGNATURE <i>William W. Howard</i>		23b. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....	
23c. DATE SIGNED <i>3-15-53</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24b. DATE <i>3-18-1953</i>	24c. NAME OF CEMETERY OR CREMATORY <i>HOLY REDEEMER</i>	24d. LOCATION (City, town, or county) (State) <i>BALTIMORE G. M D</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 16 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>FR. CVACH & SON 900 N. CHESTER</i>	

MARGIN RESERVED FOR BINDING

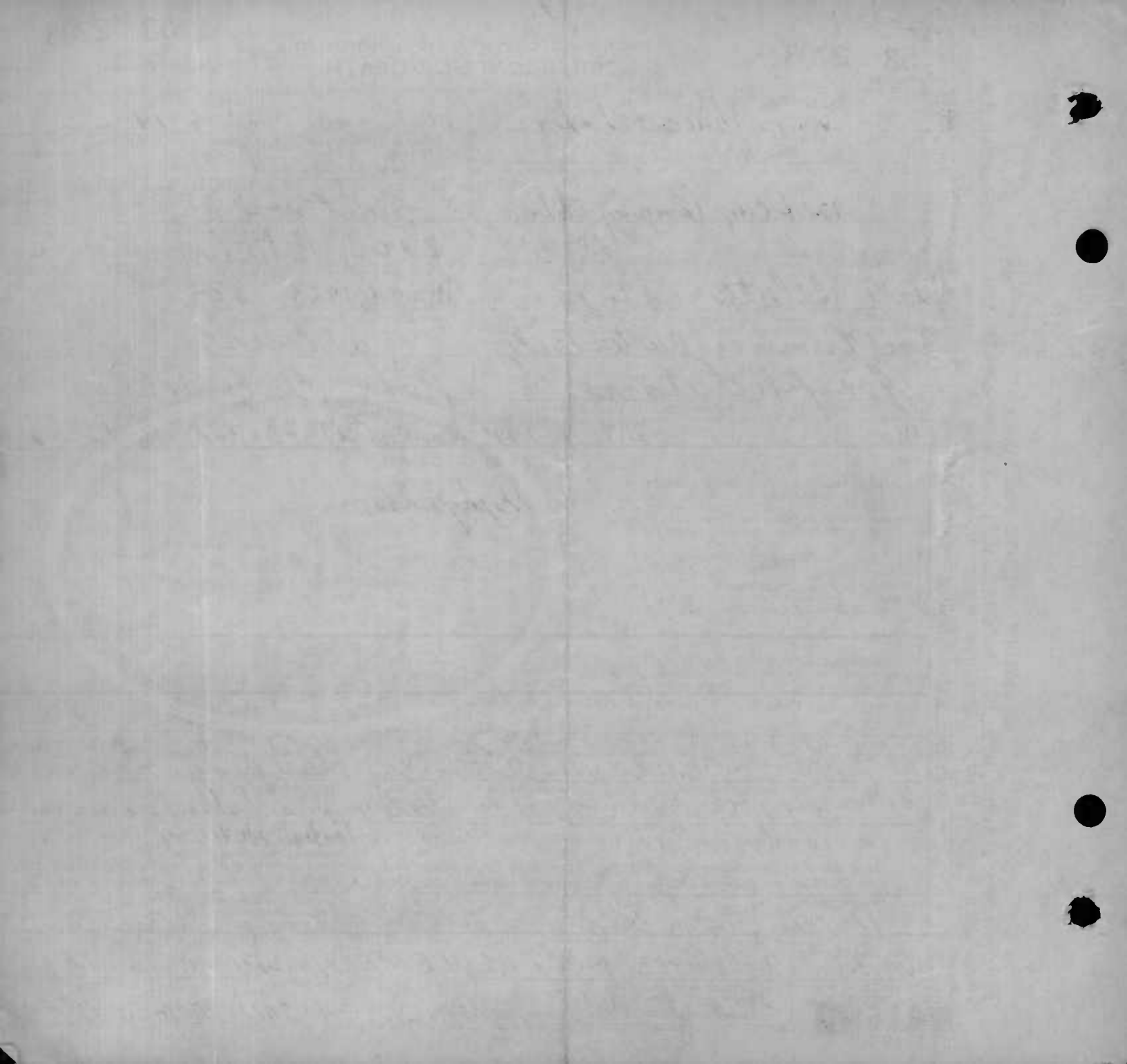
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

V S 151

11 991x

970 93



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2709
Registered No.

53 2709
BIRTH NO.

1. NAME OF DECEASED (Type or Print)		KATHERINE HARIG		2. DATE OF DEATH Mar. 15, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.			
B. FULL NAME OF HOSPITAL OR INSTITUTION 3104 Auchentoroly Terr.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 13-04			
D. STREET ADDRESS (If rural, give location) 3104 Auchentoroly Terr.		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 12/3/1861	9. AGE (in years last birthday) 91	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) never worked		10B. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Md.	
13. FATHER'S NAME Henry Harig		14. MOTHER'S MAIDEN NAME Ann Campen			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Mrs. Elsa Flowers - 3104 Auchentoroly Terr.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) Coronary Occlusion DUE TO (B) Atherosclerosis DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 6 weeks 1 year	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June, 1946 to 15 Mch, 1953 that I last saw the deceased alive on 11 Mch, 1953, and that death occurred at 8 A. m., from the causes and on the date stated above.					
23A. SIGNATURE Charles H. Peters		23B. ADDRESS 6701 York Rd Balto. Md.		23C. DATE SIGNED 15 Mch 53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/18/53		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.	
24D. LOCATION (City, town, or county) Pikesville, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR MAR 16 1953		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR Peters & Sons		24H. ADDRESS Balto 17, Md.			

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

DORA MAY HARRIS

2. DATE
OF
DEATH

Mar. 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

3605 Hillsdale Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2812 N. Howard St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

July 8, 1869

9. AGE (In years, last birthday)

83

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

secretary (rtd)

10B. KIND OF BUSINESS OR INDUSTRY

?

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wm. Edgar Harris

14. MOTHER'S MAIDEN NAME

Margaret Jane

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT ADDRESS
Miss Edna Mason - 707 E. 34th St.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-1933, to 3-14-1953, that I last saw the deceased alive on 1-14-1933, and that death occurred at 5 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/16/53

24C. NAME OF CEMETERY OR CREMATORY

Balto. Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

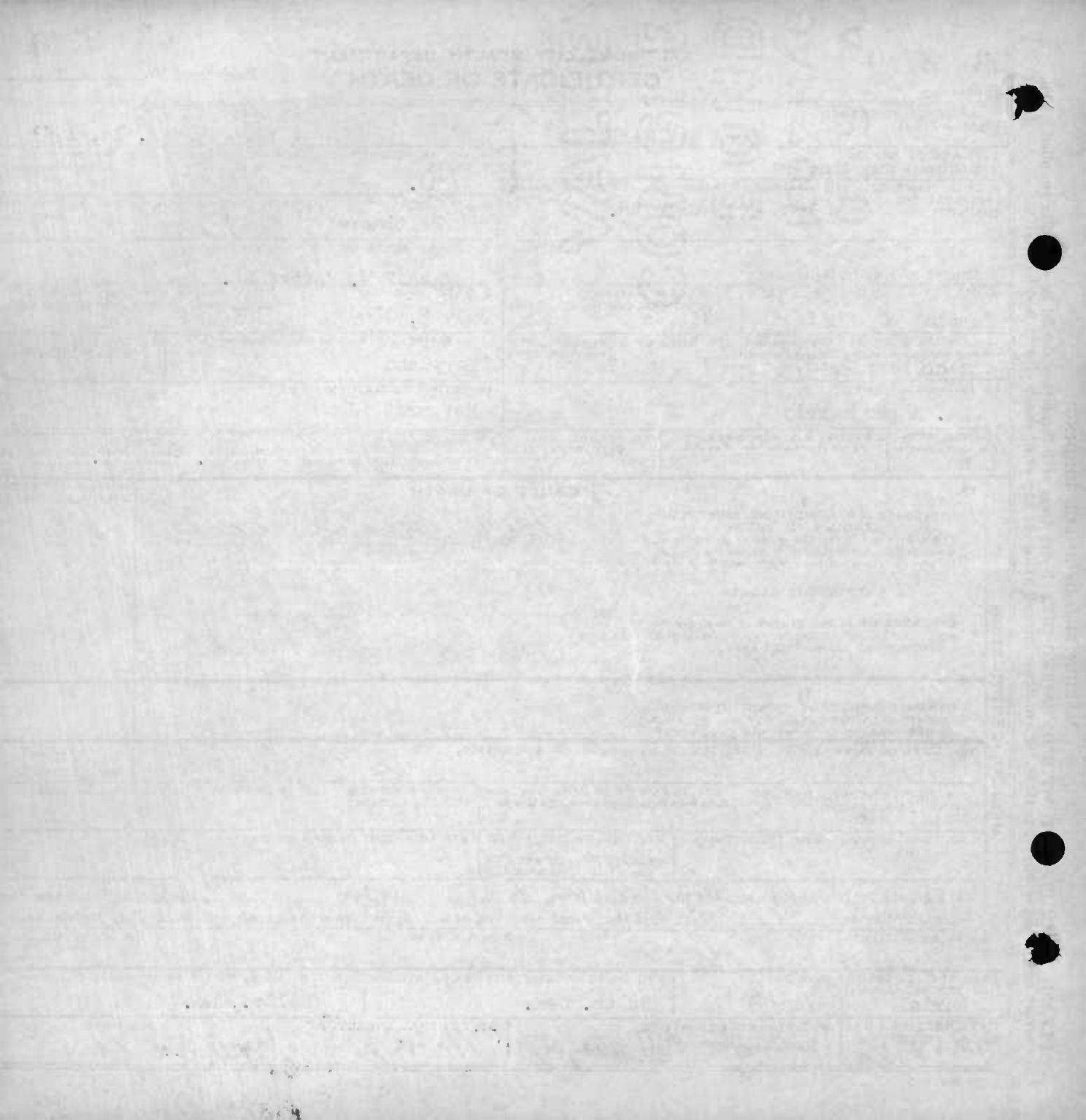
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2711BIRTH NO. 53 27111. NAME OF DECEASED
(Type or Print)

HARRY ARTHUR COLLETT

2. DATE
OF DEATH Mar. 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)A. STATE
Md.

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

D. O. A. Mercy Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1505 E. 35th St.

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept. 20, 1893

9. AGE (In years
last birthday)

59

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Teacher

10B. KIND OF BUSINESS OR
INDUSTRYInstitute
Balto. Polytechnic

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles H. Collett

14. MOTHER'S MAIDEN NAME

Ethel Seitz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or dates of service)

yes

World War No. 1

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Harry A. Collett-1505 E. 35th St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Artery Disease

DUE TO

ANTECEDENT CAUSES

(B)

Coronary Occlusion

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

Hypertension

3 months

5 years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945-18, to 3/14, 1953, that I last saw the
deceased alive on 3/12, 1953, and that death occurred at 12 Pm., from the causes and on the date stated above.

23A. SIGNATURE

W. H. Lammend Jr.

M. D.

23B. ADDRESS

14 E. Eager St

23C. DATE SIGNED

3/14/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/17/53

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. John J. Tichner & Sons

MAR 16 1953

VS 150

0938V

Balto 17, Md

Walter P. Condit & M. L. B.
Sept 17, 1910

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2712

Registered No.

53 2712

1. NAME OF DECEASED
(Type or Print)

Mary Virginia Rohr.

2. DATE
OF
DEATH

March 14 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

12803 Garrison Blvd

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland Baltimore

6. FULL NAME OF
HOSPITAL OR
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 7 5300

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

7125 Campfield Road

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 23, 1903

9. AGE (In years
last birthday)

49

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Telephone Operator

10B. KIND OF BUSINESS OR
INDUSTRY

Telephone Co.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Clyde C. Rohr Sr.

14. MOTHER'S MAIDEN NAME

Helen A. Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

215-05-100

17. INFORMANT

ADDRESS

Mrs. Helen Rohr 7125 Campfield

18. 170x

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Carcinoma of Breast
with metastasisINTERVAL BETWEEN
ONSET AND DEATH

2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 9, 1953 to March 15, 1953, that I last saw the
deceased alive on March 11, 1953, and that death occurred at 5 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Paul L. Chambers

23B. ADDRESS

4108 Liberty Hts. C.

23C. DATE SIGNED

3/16/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 16/53

24C. NAME OF CEMETERY OR CREMATORY

Western Cemetery

24D. LOCATION (City, town, or county)

Baltimore Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 16 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Spring Byers 5005 Pk. Heights

ADDRESS

of the same

VS 150

370 5A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

STATE OF NEW YORK

County of _____

City of _____

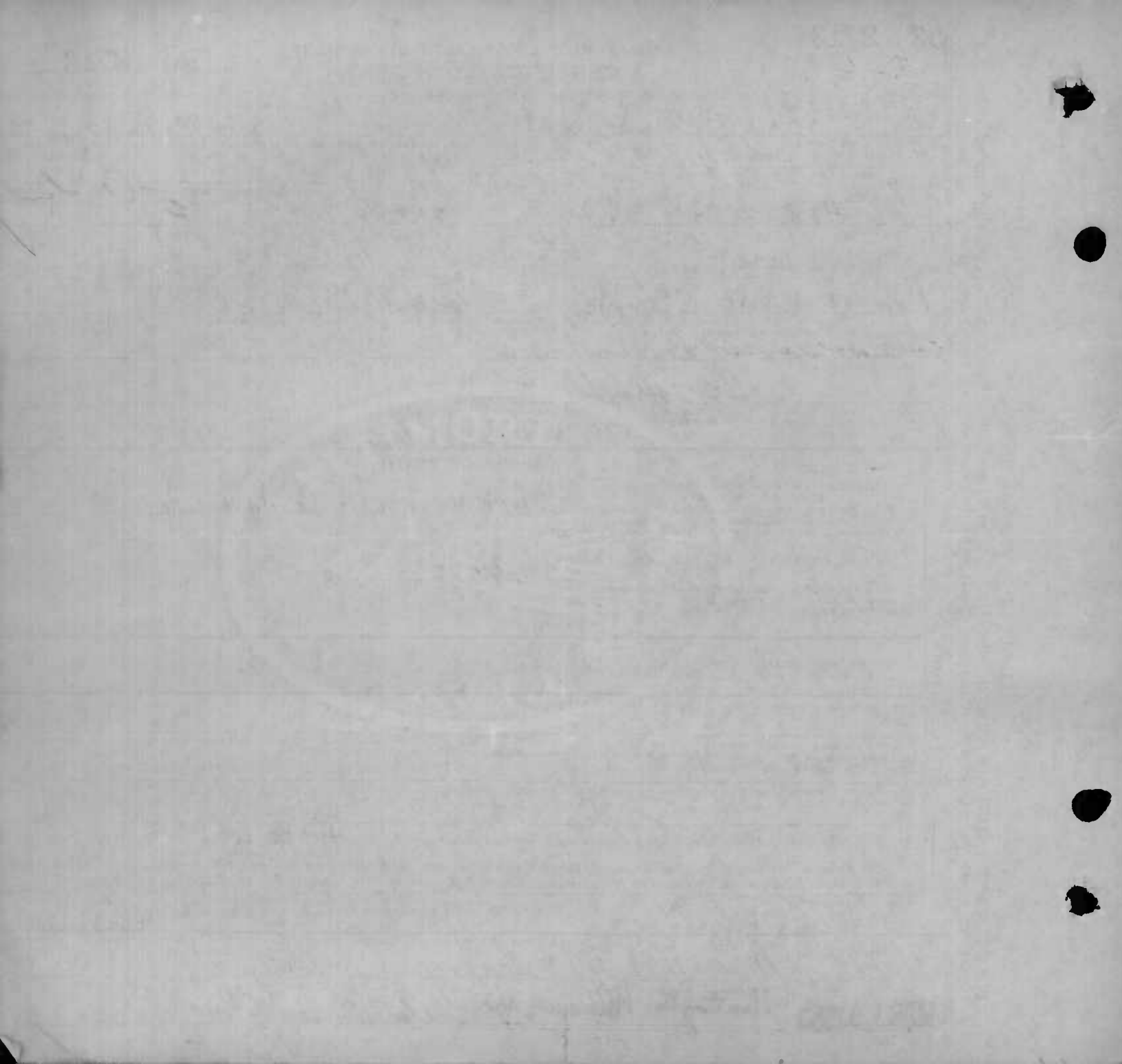
On this _____ day of _____

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 2713
S-436BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2713
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) John Schluderberg		2. DATE OF DEATH March 13 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland 418 N. Port St		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD		B. COUNTY 6-02	
B. FULL NAME OF HOSPITAL OR INSTITUTION 418 N. Port St.		C. CITY OR TOWN Baltimore		(If outside corporate limits, write RURAL and give township)	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 418 N. Port St		Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct 20, 1872	9. AGE (In years last birthday) 80	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard Race Track Pimlico R. Track		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore	
13. FATHER'S NAME George Schluderberg		16. SOCIAL SECURITY NO. 354-07-7440		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Walter Mayley 418 N. Port St	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease		(A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Disease		(B) DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. South		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED March 14 1953	
24A. BURIAL CREMATION, REMOVAL (Specify) Burial		24B. DATE Mar 17/53		24C. NAME OF CEMETERY OR CREMATORY Mt Carmel	
24D. LOCATION (City, town, or county) (State) Baltimore		24E. FUNERAL DIRECTOR Philip Herwig		24F. ADDRESS 2024 Calhoun St	
DATE RECEIVED BY LOCAL REGISTRAR MAR 16 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2714

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Korzun, Stanislaus James

2. DATE
OF
DEATH March 14, 19533. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

40 Yr.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

MAY 1, 1890

9. AGE (In years
last birthday) If Under 1 Year
Months: Days If Under 24 Hours
Hours: Min.

63

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LONGSHOREMAN

10B. KIND OF BUSINESS OR
INDUSTRY

Retired

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

BASIL KORZUN

14. MOTHER'S MAIDEN NAME

CORNELIA PATCHINSKI

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

218-09-3480

17. INFORMANT

ADDRESS

ALEXANDRA KORZUN 1424 RICHARDSON ST

18. 331X and 165X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Cerebral hemorrhage with hemiplegia,
DUE TO right

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.lung; Terminal bronchopneumonia
Possible carcinoma, metastatic lesion ofINTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 19, 1953, to Mar. 14, 1953, that I last saw the
deceased alive on Mar. 14, 1953, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

P. Iban

23B. ADDRESS

St. Joseph's Hospital

23C. DATE SIGNED

Mar. 11, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3-18-53

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

MEMORANDUM

TO : DIRECTOR

FROM : SAC, NEW YORK

63

97

STATE OF NEW YORK

NAME	JOHN J. CONNELLEY
DATE OF BIRTH	1912
PLACE OF BIRTH	NEW YORK
EDUCATION	HIGH SCHOOL
EMPLOYMENT	NEW YORK CITY
RESIDENCE	NEW YORK CITY
RELIGION	CATHOLIC
POLITICAL AFFILIATION	DEMOCRATIC
CRIMINAL RECORD	NO
REMARKS	...

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Matilda J. Noxter

2. DATE
OF
DEATH

3/13/53 9:30 P.M.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

526 Rossiter Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto

D. STREET ADDRESS (If rural, give location)

526 Rossiter Ave

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1/5/1869

9. AGE (In years
last birthday)

84

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Reuben McPherson

14. MOTHER'S MAIDEN NAME

Matilda Hall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mary R. Hunter 526 Rossiter Ave

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Generalized Arteriosclerosis

2 men

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Myocardial Infarction

3 days

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Chronic Bilateral Nephritis

4 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-1 1952 to 3/13 1953 that I last saw the
deceased alive on 3/13 1953, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Daniel Miller

M. D.

23B. ADDRESS

4510 Harford Rd

23C. DATE SIGNED

3/14/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/17/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

BOK Inc. 1217 St. Paul St.

ADDRESS

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CITY OF DEATH

COUNTY OF DEATH

STATE OF DEATH

AGE AT DEATH

SEX OF DECEASED

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CITY OF DEATH

COUNTY OF DEATH

STATE OF DEATH

AGE AT DEATH

SEX OF DECEASED

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CITY OF DEATH

COUNTY OF DEATH

STATE OF DEATH

AGE AT DEATH

SEX OF DECEASED

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CITY OF DEATH

COUNTY OF DEATH

STATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2716
Registered No.

1. NAME OF DECEASED (Type or Print) ELMER MARTIN HARN		2. DATE OF DEATH March 14, 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore	
b. FULL NAME OF HOSPITAL OR INSTITUTION 5209 Bosworth Avenue		c. CITY OF TOWN (If outside corporate limits, write RURAL and give township) Baltimore 28-02	
c. Length of stay in Baltimore 81 Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 5209 Bosworth Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 7, 1871
9. AGE (In years last birthday) 81	10. AGE (In years last birthday) 81	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? United States
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher - R.T.		10b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Edwin Harn		14. MOTHER'S MAIDEN NAME Edith Evans	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. John Juely		ADDRESS 5209 Bosworth Ave - 7	
18. 420.1 and 044x CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary Occlusion DUE TO ANTECEDENT CAUSES (B) Arteriosclerotic cardiovascular disease DUE TO (C) By cellulositis, Chronic			INTERVAL BETWEEN ONSET AND DEATH 3 days 10 years 7 years
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from November 1949 , to March 1953 , that I last saw the deceased alive on March 14, 1953 , and that death occurred at 10 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Willard T. Trabad		23b. ADDRESS 3400 Woodbine Ave. - 7	
23c. DATE SIGNED 3/14/53			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3/17/53	
24c. NAME OF CEMETERY OR CREMATORY Lorraine		24d. LOCATION (City, town, or county) (State) Balt. Co. Md.	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR Wm Cook Inc ADDRESS 1217 St. Paul St	

CERTIFICATE OF DEATH

Distance

77

Cause of Death

Signature

Signature of the deceased

Signature of the witness

Signature of the doctor

Signature of the family

Signature of the official

Signature of the official

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 53 2717

1. NAME OF DECEASED
(Type or Print)

Rosie Hicks

2. DATE OF DEATH

March 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *MD* B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1710 N Appleton St

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 24, 1909

9. AGE (In years last birthday)

43

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF WHAT COUNTRY?

US

13. FATHER'S NAME

William Bell

14. MOTHER'S MAIDEN NAME

Ann Beurell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Edna Lampkin

ADDRESS

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) DUE TO

*Acute Myeloid Leukemia
or
Pancytopenia*

(B) DUE TO

(C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH

8 yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3/6* 19*53*, to *3/13* 19*53*, that I last saw the deceased alive on *3/13* 19*53*, and that death occurred at *4:50 PM*, from the causes and on the date stated above.

23A. SIGNATURE

J. Alderman

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

3/13/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

3/17/53

24C. NAME OF CEMETERY OR CREMATORY

Balto National

24D. LOCATION (City, town, or county)

Balto Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs Katie R. Williams

ADDRESS

222 N. ...

MARGIN RESERVED FOR BINDING

PLEASE PRINT PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. correct age especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

1917

1917

1917

1917

MARGIN RESERVED FOR BINDING

PLEASE PRINT NAME PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2718
Registered No. 53 2718

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Muggie Collins

2. DATE
OF
DEATH

March 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Va.

V-43

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Fredericksburg

D. STREET ADDRESS (If rural, give location)

515 Princess Anne St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

7-5-22

9. AGE (in years
last birthday)

80

10. Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Fredericksburg Va

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Florence Burrus

14. MOTHER'S MAIDEN NAME

Martha Fountleroy

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INTERMENT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 181X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebrovascular accident?

4 Days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Anesthesia for Rx of CA?

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma Bladder

19A. DATE OF OPERATION

3/10/53

19B. MAJOR FINDINGS OF OPERATION

Bladder

Infiltrating CA

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-9, 1953, to 3-14, 1953, that I last saw the
deceased alive on 3-14, 1953, and that death occurred at 8:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

H. C. Hoffmann

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3/14/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar 17, 1953

24C. NAME OF CEMETERY OR CREMATORY

Piney Grove Cemetery

24D. LOCATION (City, town, or county) (State)

Fredericksburg, Spotsylvania Co Va.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 16 1953

REGISTRAR'S SIGNATURE

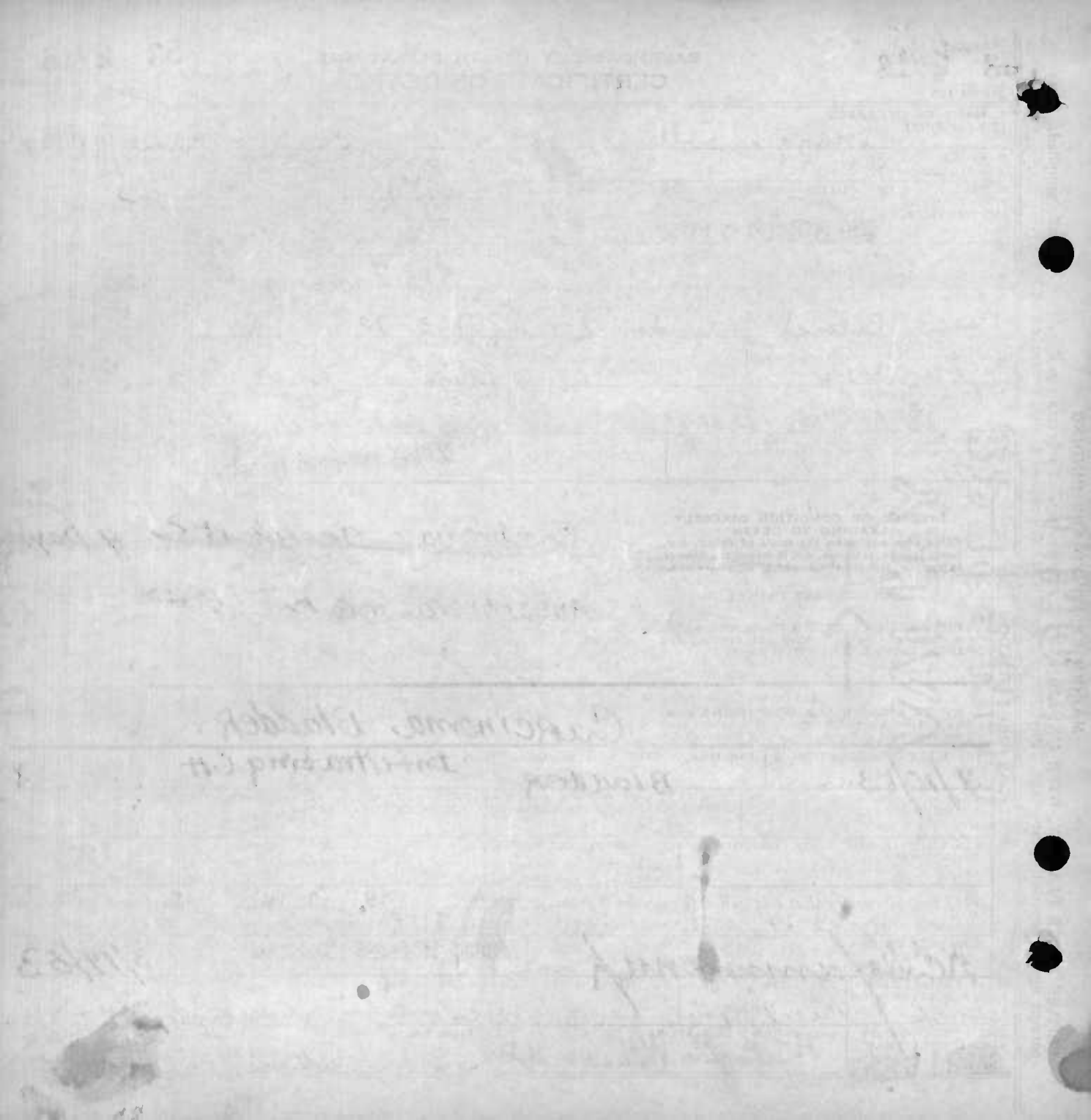
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

Schroeder St.



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 2719

BIRTH NO. 53 2719

1. NAME OF DECEASED
(Type or Print)

Baby Taylor.

2. DATE
OF
DEATH

March 14 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1514 Division St

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Curtis Bay, 25 05

c. Length of stay in Baltimore

1 life

Yrs.
Mos.
Days

O. STREET ADDRESS (If rural, give location)

3202 Hawkins Rd

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

3/12/53

9. AGE (In years)

last birthday

11. Under 1 Year

Months: Days

12. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balt.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Summerfield Taylor.

14. MOTHER'S MAIDEN NAME

Thelma Ali

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Ms Thelma Taylor 3202 Hawkins Rd

18. 762.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) ~~stillborn~~ *asphyxia*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

2 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from March 12, 1953, to March 14, 1953, that I last saw the deceased alive on March 14, 1953, and that death occurred at 3 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Gwen McDonald

M. O.

23B. ADDRESS

804 N Carey St

23C. DATE SIGNED

3/16/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. H. Jackson 916 Penn Ave.

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF BIRTH

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DATE OF BIRTH

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF BIRTH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	3/18/53	Int Auburn	Balto. Md
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
MAR 16 1953	Huntington Williams, M.D.	Geo. H. Nelson	1303
VS 151			

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an <u>Inspection</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER... ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR	23C. DATE SIGNED
William Updegraff	M.D.	3-15-53

18. 422.1	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <u>Atherosclerotic Cardiovascular Disease</u>	
ANTECEDENT CAUSES	(B) <u>Disease</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no	none	Grace Johnson or Hazel	4214 Hazel Ave.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Arnie Jones	-
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY
Laborer	?
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Pa.	USA

3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
B. FULL NAME OF HOSPITAL OR INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write R.U.A., and give township)
1370 Stockton St	Balto
c. Length of stay in Baltimore	D. STREET ADDRESS (If rural, give location)
?	1370 Stockton St

1. NAME OF DECEASED (Type or Print)	2. DATE OF DEATH
Walter Jones	3-14-53

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2720

J-520
2720
BIRTH NO.

Q. 81

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

U. S. 82

Q. 82

1964-1965

11

Q. 83

Q. 84

Q. 85

Q. 86

Q. 87

Q. 88

Q. 89

Q. 90

Q. 91

Q. 92

Q. 93

Q. 94

Q. 95

Q. 96

Q. 97

Q. 98

Q. 99

1964-1965

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 2721**

 BIRTH NO. **53 2721**

1. NAME OF DECEASED (Type or Print) Josephine Kopic			2. DATE OF DEATH March 14/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland 514 N. Lakewood Ave			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ind. B. COUNTY 7-02		
5. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 514 N. Lakewood Ave		
6. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 1868		9. AGE (In years last birthday) 85
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10B. KIND OF BUSINESS OR INDUSTRY at Home	11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME unh.			14. MOTHER'S MAIDEN NAME Wants		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT Andrew Rupinski ADDRESS

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) ANTECEDENT CAUSES		Coronary Thrombosis	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Myocardial Infarct.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 11/10/52 , 19 52 , to 3/14/53 , 19 53 , that I last saw the deceased alive on 3/10/53 , 19 53 , and that death occurred at 7:30 m., from the causes and on the date stated above.				
23A. SIGNATURE L. J. [Signature]		23B. ADDRESS 2601 E. Kenneth St.		23C. DATE SIGNED 3/10/53

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE March 17/53	24C. NAME OF CEMETERY OR CREMATORY Holy Rosary	24D. LOCATION (City, town, or county) (State) Baltimore
DATE RECEIVED BY LOCAL REGISTRAR MAR 16 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Fred W. Ozajewski ADDRESS 1930 Eastern Ave.	

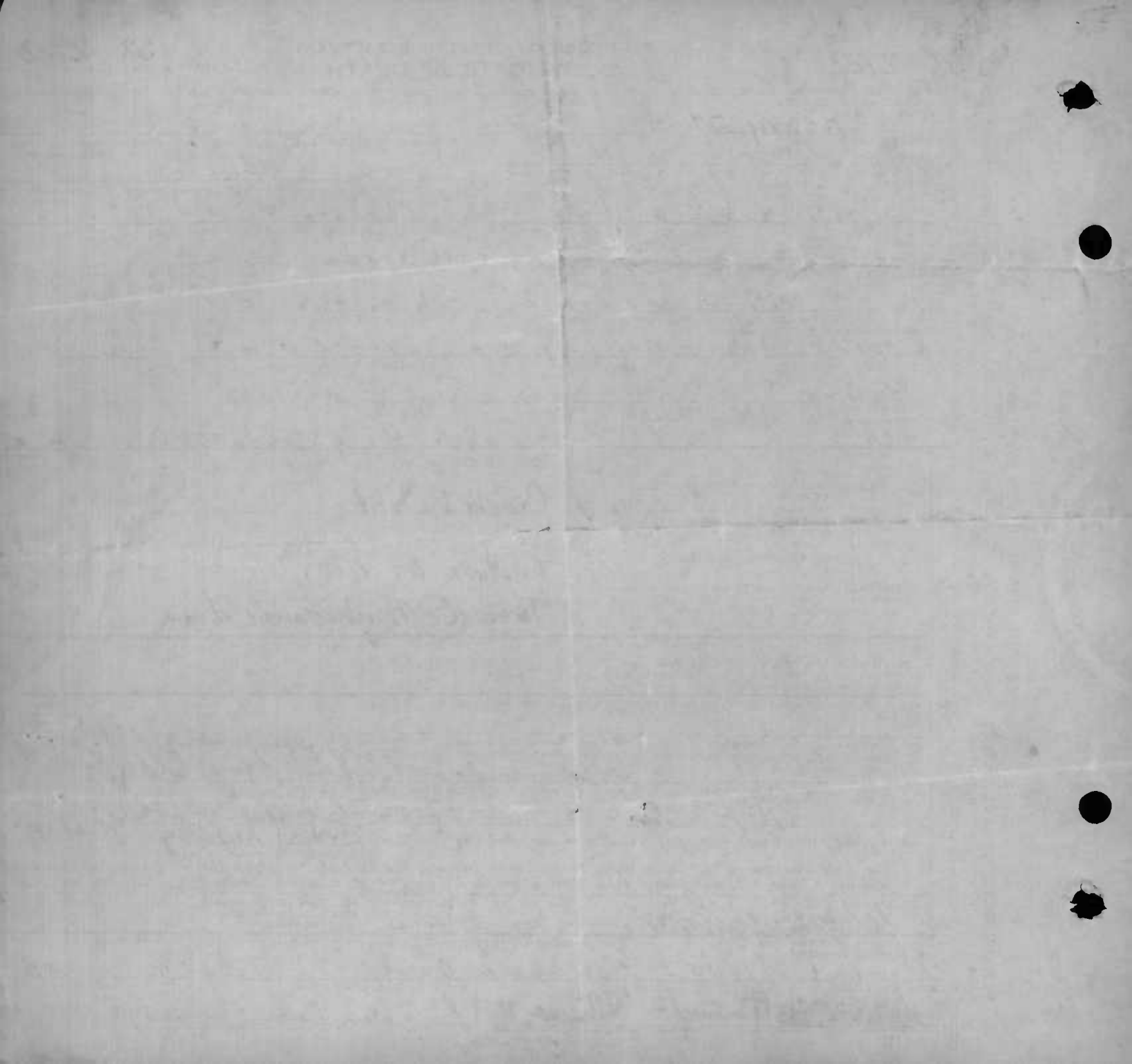
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2722

5-362 53 2722 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 2722	
1. NAME OF DECEASED (Type or Print) Henry Storch			2. DATE OF DEATH 3-14-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY Balto		
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland Gen. Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chesoon Park		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 826 Rosedale Ave		
5. SEX M	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb 10-1922	9. AGE (In years last birthday) 31	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) chipper caulker			10B. KIND OF BUSINESS OR INDUSTRY Bath & beam steel co		
11. BIRTHPLACE (State or foreign country) Balto Co md			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Henry Storch			14. MOTHER'S MAIDEN NAME Ida E Milke		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Henry Storch			ADDRESS 826 Rosedale Ave		
18. E853 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Crushed Chest			CAUSE OF DEATH (A) Crushed Chest		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Rupture of liver			(B) Rupture of liver		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Traumatic Diaphragmatic Hernia			(C) Traumatic Diaphragmatic Hernia		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Shipyards		21C. WHERE DID INJURY OCCUR? Sparsman Pt. Md. Bethlehem Ship Bldg Co.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 3/13/53 3A		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Fell from scaffold to bottom of ship.	
22. I certify that I took charge of the remains described above, held an Autopsy the con and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William Wood		M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/17/53		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cmn	
24D. LOCATION (City, town, or county) Balto md		24E. FUNERAL DIRECTOR Lassalam Funeral Home		ADDRESS 7401 Belair Rd	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2723

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE A. HARRIS.

2. DATE
OF DEATH 3/14/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Md. B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE2742 Huntingdon Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore.

D. STREET ADDRESS (If rural, give location)

2742 Huntingdon Ave.

c. Length of stay in Baltimore

LifeYrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Married

8. DATE OF BIRTH

7/19/909. AGE (In years
last birthday)6211 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Tavern Owner.10B. KIND OF BUSINESS OR
INDUSTRYSelf.

11. BIRTHPLACE (State or foreign country)

Md.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)YesU.S. Navy16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Sarah A. Harris 2742 Huntingdon Ave.18. 4/20/53

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from March 14, 1953, to March 14, 1953, that I last saw the
deceased alive on March 14, 1953, and that death occurred at 4 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

3/18/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Edmonson Ave.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 18 1953Huntington Williams, M.D.Paul E. Chenoweth Jr. 3615617 Chestnut Ave.

1953

53

BALTIMORE CITY HEALTH DEPT.
CERTIFICATE OF DEATH

Name of Deceased		Date of Birth		Sex	
Race		Color		Religion	
Marital Status		Occupation		Education	
Usual Residence		Place of Birth		Date of Arrival in City	
Cause of Death		Immediate Cause		Underlying Cause	
Manner of Death		Physician's Signature		Date of Death	
Medical Examiner's Signature		Hospital Name		Hospital Address	
Physician's Signature		Physician's Address		Physician's Phone	
Burial Place		Burial Date		Burial Time	
Burial Name		Burial Age		Burial Sex	
Burial Race		Burial Color		Burial Religion	
Burial Marital Status		Burial Occupation		Burial Education	
Burial Usual Residence		Burial Place of Birth		Burial Date of Arrival in City	
Burial Cause of Death		Burial Immediate Cause		Burial Underlying Cause	
Burial Manner of Death		Burial Physician's Signature		Burial Date of Death	
Burial Medical Examiner's Signature		Burial Hospital Name		Burial Hospital Address	
Burial Physician's Signature		Burial Physician's Address		Burial Physician's Phone	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct at is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 2734

BIRTH NO. 635 2724

1. NAME OF DECEASED
(Type or Print)

Mary R. Giardino

2. DATE OF DEATH March 13-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

308 Albemarle St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

3-02

D. STREET ADDRESS (If rural, give location)

308 Albemarle St.

C. Length of stay in Baltimore

Life

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

B. DATE OF BIRTH

Aug 22 1901

9. AGE (in years last birthday)

51

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR INDUSTRY

Housework

11. BIRTHPLACE (State or foreign country)

Balto

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Cosimo Di Cicco

14. MOTHER'S MAIDEN NAME

Loretta Gargaro

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, none, unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Domnick Di Cicco 308 Albemarle St.

ADDRESS

1B. 002X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Chronic Pulmonary Tuberculosis 7 yrs

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3/9/46, to 3/13/53, that I last saw the deceased alive on 3/13/53, and that death occurred at 10:15 pm from the causes and on the date stated above.

23A. SIGNATURE

Melrose L. Solomon

M. O.

23B. ADDRESS

129 S. Broadway

23C. DATE SIGNED

3/14/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-16-53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Bldg. Balto.

24D. LOCATION (City, town, or county)

Balto. 6

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

1800 E. Lombard St.

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 53 2725

BIRTH NO. 12-31831

1. NAME OF DECEASED
(Type or Print)

Charles A. Stump

2. DATE
OF
DEATH

March 14-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

208 N. Ellwood Ave

C. CITY OR TOWN

(If outside corporate limits, write FULL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

208 N. Ellwood Ave

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct 8-52

9. AGE (In years last birthday)

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours Min.

5

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Balto.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles J. Stump

14. MOTHER'S MAIDEN NAME

Marie Gilden

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Charles J. Stump 208 N. Ellwood

18. 491X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Broncho pneumonia

DUE TO

acute

ANTECEDENT CAUSES

(B)

intestinal virus

DUE TO

infection

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Oct 8 1952 to March 14 1953 that I last saw the deceased alive on March 13 1953 and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

E. A. Flanagan Jr.

23B. ADDRESS

3501 Fair Ave Balto.

23C. DATE SIGNED

3-16-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-16-53

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart Cem

24D. LOCATION (City, town, or county)

Gurmanhill Rd. Balto. Co.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Dippel Bue. 1800 E. Lombard St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct address is especially important. Physicians: please write the causes of death clearly and legibly.

Dr Flanagan
3501, Fair Av.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 2726**

BIRTH NO. **53 2726**

1. NAME OF DECEASED (Type or Print) HAFNER, HEINRICKE			2. DATE OF DEATH 3/14/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ma. B. COUNTY Balto		
5. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write R.U.C. and give township) Baltimore 27-06		
c. Length of stay in Baltimore 25 years			D. STREET ADDRESS (If rural, give location) 5220 Catalpha Rd		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Albert Hafner	8. DATE OF BIRTH 3/16/77		9. AGE (In years last birthday) 75
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Seham G. Baumann			14. MOTHER'S MAIDEN NAME Heinrichs Bossert		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS Miss Elsa F. Hafner, 5220 Catalpha Road		

18. 151X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Carcinoma of stomach		
ANTECEDENT CAUSES		(B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 3/30 , 19 53 , to 3/14 , 19 53 , that I last saw the deceased alive on 3/14 , 19 53 , and that death occurred at 5:45 p.m., from the causes and on the date stated above.				
23A. SIGNATURE James B. Smith, Jr. MD.		23B. ADDRESS Univ Hospital, Balto		23C. DATE SIGNED 3/14/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE March 17, 1953	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 16 1953	REGISTRAR'S SIGNATURE H. J. ...	25. FUNERAL DIRECTOR Wells & Lamoore		ADDRESS 4510 Liberty Heights Ave.

CERTIFICATE OF DEATH

STATE OF ALABAMA
COUNTY OF [illegible]

[Handwritten signature]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2737

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore

1

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Die Setter

10B. KIND OF BUSINESS OR
INDUSTRY

Glenn L. Martin Co.

13. FATHER'S NAME

David F. Boyd

AIRPLANE (M)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

11/10/19 - 7/22/21

16. SOCIAL
SECURITY NO.

212-03-4083

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 443X 1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

Cerebral vascular
Hemorrhage

DUE TO

(B) Hypertensive cardiac -
vascular disease

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

14 hrs.

33 hrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-15-1953 to 3-15-1953 that I last saw the
deceased alive on 3-15-1953 and that death occurred at 2:00 p. m. from the causes and on the date stated above.

23A. SIGNATURE

Richard W. Reel

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 16 1953

Huntington Williams

L. A. WOOD

4510 Liberty
Heights Ave.

VS 150

592 3T

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2728

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY EDWARD BAKER SR.

2. DATE
OF
DEATH

March 16, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2702 Glendale Road - 14

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

July 17-1883

9. AGE (In years;
last birthday)

69

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ret. Eng.

10B. KIND OF BUSINESS OR
INDUSTRY

ALBERT F. JOEIZE

13. FATHER'S NAME

George Baker

MEAT PACKING

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

216-05-3177A

17. INFORMANT

ADDRESS 2702

Miss Mary Baker-glendale

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Occlusion with Myocardial
Infarction

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 9 th, 1953 to March 16 th, 1953 that I last saw the
deceased alive on March 16, 1953, and that death occurred at 2:45a. m., from the causes and on the date stated above.

23A. SIGNATURE

P. J. Ruck

M. O.

23B. ADDRESS

1400 N. Caroline Street - 13

23C. DATE SIGNED

March 16, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-19-53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Balto

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

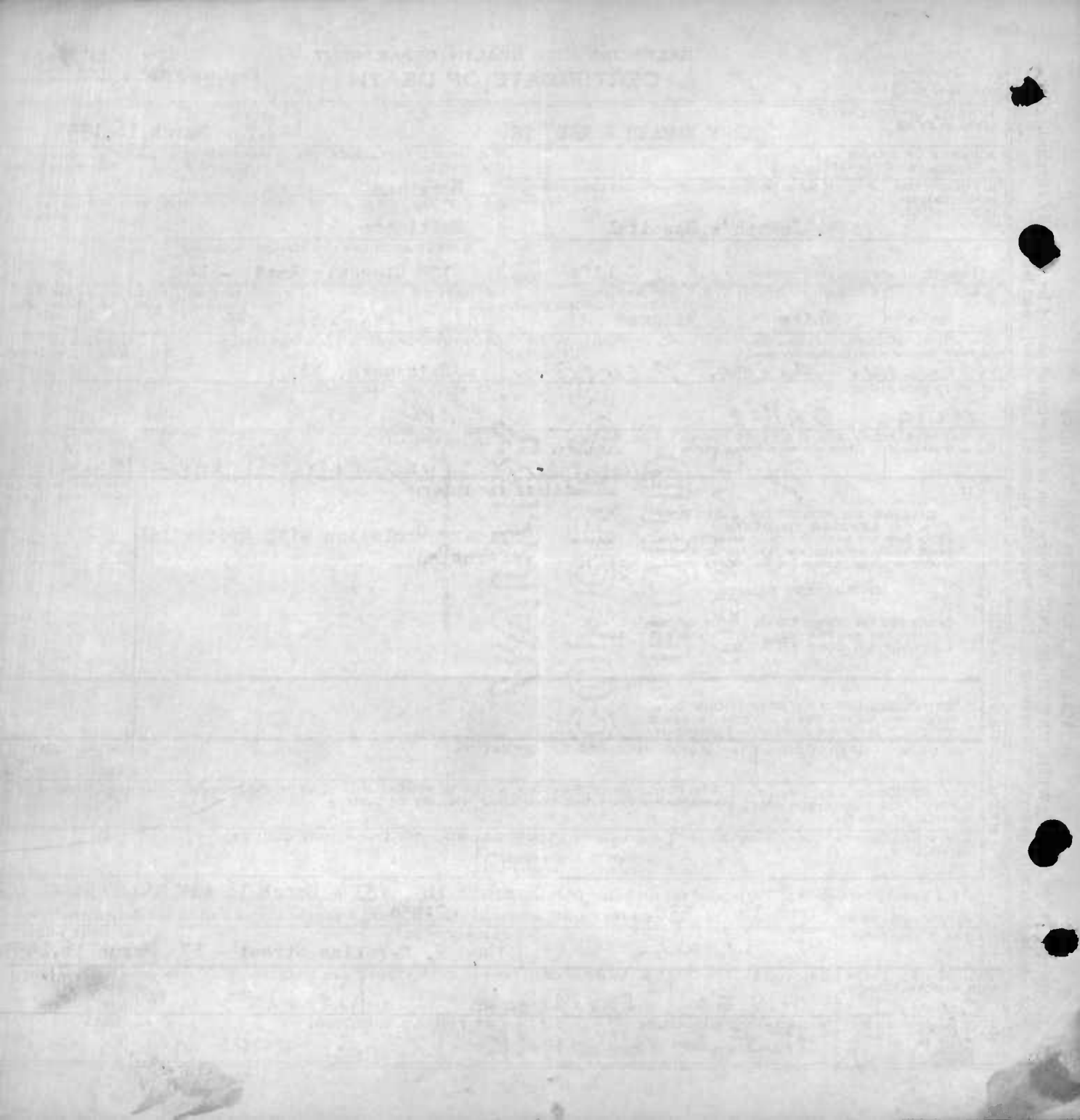
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Ruck

ADDRESS

5305 Bayford Rd



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2729

BIRTH NO. 53 2729

1. NAME OF DECEASED
(Type or Print) Joseph F. Nee

2. DATE OF DEATH Mar 14-1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
Fayette Carr HouseC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimorec. Length of stay in Baltimore
Yrs. Mos. DaysD. STREET ADDRESS (If rural, give location)
301 Kinslip Rd

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married8. DATE OF BIRTH
5/7/18809. AGE (in years last birthday)
7210. Under 1 Year Months: Days
11. Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
ret. inspect steel mill10B. KIND OF BUSINESS OR INDUSTRY
Steel mill11. BIRTHPLACE (State or foreign country)
Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
John Nee14. MOTHER'S MAIDEN NAME
Alice Murphy15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT
Anna B NeeADDRESS
301 Kinslip Rd

18. 434.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)
congestive heart failure

(A) DUE TO

sev days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 7-12, 1953 to 7-14, 1953 that I last saw the deceased alive on 7-14, 1953, and that death occurred at 12:30 PM from the causes and on the date stated above.

23A. SIGNATURE
E. M. M. B.23B. ADDRESS
2431 MARYLAND AVENUE23C. DATE SIGNED
3-15-5324A. BURIAL, CREMATION, REMOVAL (Specify)
Buried24B. DATE
3/16/5324C. NAME OF CEMETERY OR CREMATORY
New Cathedral24D. LOCATION (City, town, or county) (State)
Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE
William M. Williams25. FUNERAL DIRECTOR
J. KuckADDRESS
5305 Hanford Rd

~~all Cook
2421 and fine~~

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2730BIRTH NO. 53 27301. NAME OF DECEASED
(Type or Print)*Benjamin Fields*2. DATE
OF
DEATH*March 13, 1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution)

335 - N. Preston St.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE *Maryland* B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write R.R. L and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

335 - N. Preston St.

c. Length of stay in Baltimore

*years*Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

*Colored*SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*married*

8. DATE OF BIRTH

April 29, 1883 - 69 70

9. AGE (In years last birthday)

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired shoemaker

10B. KIND OF BUSINESS OR INDUSTRY

Gait & C. Co.

11. BIRTHPLACE (State or foreign country)

Columbia S. C.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Sarah ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS *St. Maggie Fields - 335 - N. Preston*18. *421.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Acute Myocarditis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Essential Hypertension

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

*?**?*II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5-10*, 19*53*, to *3-13*, 19*53*, that I last saw the deceased alive on *3-11*, 19*53*, and that death occurred at *9:00* m., from the causes and on the date stated above.

23A. SIGNATURE

Frederick R. Johnson

M. D.

23B. ADDRESS

1707 Madison St

23C. DATE SIGNED

3/16/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Burial**3/17/53**Mt. Auburn Cemetery**Maryland*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*MARTIN**Huntington**St. Halstead - 918 - Quind Hill**ave.*

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

[Faint, mostly illegible handwritten text, likely bleed-through from the reverse side of the page.]

1. Name of deceased	
2. Sex	
3. Age	
4. Date of death	
5. Place of death	
6. Cause of death	
7. Signature of physician	
8. Signature of registrar	
9. Date of registration	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2731

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELLIE B. KEATING (MRS. RICHARD J.)

2. DATE OF DEATH

MARCH

MAR 13, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

UNION MEMORIAL HOSPITAL

c. Length of stay in Baltimore

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

MARYLAND

b. COUNTY

BALTIMORE

c. CITY OR TOWN

BALTIMORE 15

d. STREET ADDRESS (If rural, give location)

5006 PARK HEIGHTS AVE.

8. DATE OF BIRTH

JULY 28, 1875

9. AGE (In years last birthday)

77

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

IRELAND

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

15. FATHER'S NAME

EDMOND BUTLER

14. MOTHER'S MAIDEN NAME

MARGARET FENNIGAN?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

MISS MARY M. KEATING

ADDRESS

SAME -

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

pulmonary embolus

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

myocardial infarction

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

arteriosclerotic heart disease

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MARCH 11, 1953, to MARCH 13, 1953, that I last saw the deceased alive on MARCH 13, 1953, and that death occurred at 10:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE

Lyle D. Krivick

23b. ADDRESS

Union Memorial Hosp

23c. DATE SIGNED

MAR 13, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

March 17, 1953

24c. NAME OF CEMETERY OR CREMATORY

Cathedral Cemetery

24d. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

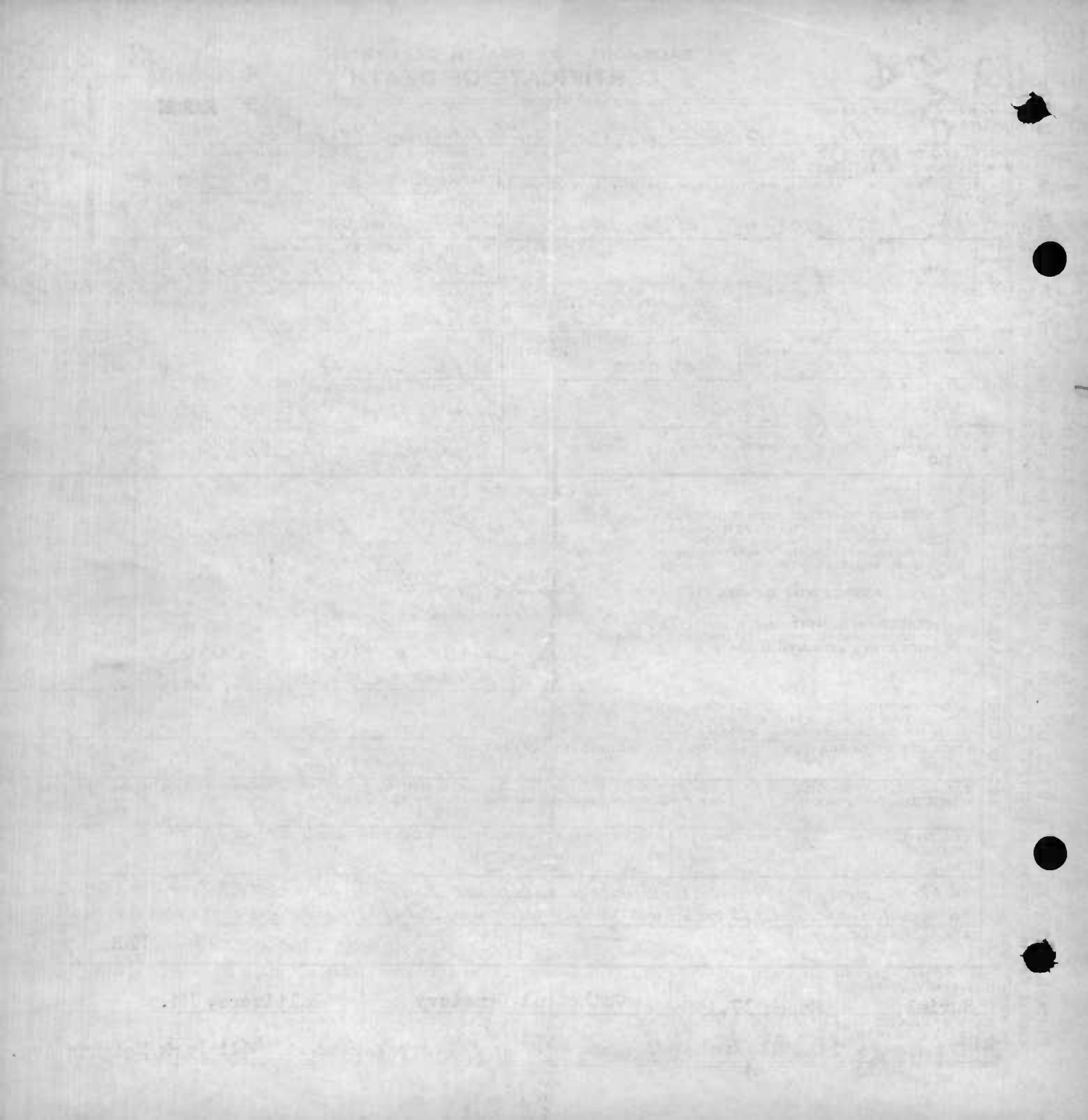
25. FUNERAL DIRECTOR

B. Veram Lemmon, 4611 Park Heights Ave.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 2732**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**AUGUST J. RAUSCH**2. DATE
OF
DEATH**3-14-53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)**206 S. LOUDON AVE.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 20-08

D. STREET ADDRESS (If rural, give location)

206 S. LOUDON AVE.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Married**

8. DATE OF BIRTH

SEPT. 13, 18869. AGE (In years
last birthday)**66**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**GUARD**10B. KIND OF BUSINESS OR
INDUSTRY**BRINKS ARMED CAR**

11. BIRTHPLACE (State or foreign country)

MD.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

FREDERICK RAUSCH

14. MOTHER'S MAIDEN NAME

NANETTE AVER15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**No**16. SOCIAL
SECURITY NO.**213-10-8754**

17. INFORMANT

ADDRESS

Mr. E. W. Rausch - 206 S. Loudon Ave.

18.

420.1DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

CAUSE OF DEATH

Coronary artery occlusionINTERVAL BETWEEN
ONSET AND DEATH**3 days**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Sept 1944, 1944** to **March 14, 1953**, that I last saw the
deceased alive on **3/14, 1953** and that death occurred at **10:45 a.m.** from the causes and on the date stated above.

23A. SIGNATURE

Dr. McCallen

23B. ADDRESS

3321 Fried Ave

23C. DATE SIGNED

3/16/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**burial**

24B. DATE

3-17-53

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cem.

24D. LOCATION (City, town, or county)

Balt. Md.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston R. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

George A. Farley - Catonsville, Md.

VS 150

76382

Library of the University of Chicago

Gift of the University of Chicago
Library

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 2733
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALBERT FREDERICK ROPKA

2. DATE
OF
DEATH

3/14/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)
5702 Falls Road
Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5702 FALLS Rd.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

May 18-1863

9. AGE (In years
last birthday)

89

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cabinet Maker

10B. KIND OF BUSINESS OR
INDUSTRY

Retired 22 years

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Albert Ropka

14. MOTHER'S MAIDEN NAME

Ducky Gunther

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Miss Clara E. Cornus 5702 Falls Road

ADDRESS

18. 420.0

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

ACUTE PNEUMONIA

INTERVAL BETWEEN
ONSET AND DEATH

2 DAYS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

ARTERIOSCLEROTIC
HEART DISEASE

1947

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19, to 3/14/53, 19, that I last saw the
deceased alive on 3/14/53, 19, and that death occurred at 5:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Walter F. Karlyn

23B. ADDRESS

4351 Harford Rd.

23C. DATE SIGNED

3/14/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 17-1953

24C. NAME OF CEMETERY OR CREMATORY

Poplar Grove

24D. LOCATION (City, town, or county)

Baltimore Co. Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

MART 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Horace F. Surger

ADDRESS

3631 Falls Road

DEPARTMENT OF HEALTH
OFFICE OF THE REGISTRAR
BUREAU OF VITAL STATISTICS
STATE OF NEW YORK
CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

IN THE COUNTY OF _____
I, _____, Registrar of the County of _____,
do hereby certify that _____
of the County of _____,
State of New York,
was born on _____
at _____,
State of _____,
and died on _____
at _____,
State of New York,
of _____,
at the age of _____ years,
and was buried on _____
at _____,
State of New York,
by _____,
Minister of the Gospel of _____,
at _____,
State of New York.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2734

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)William G. Chenowith2. DATE
OF
DEATHMarch 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)3115 Keswick Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3115 Keswick Road

c. Length of stay in Baltimore

LifeYrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Sept. 11, 1887

9. AGE (in years

last birthday)

65

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Foreman

10B. KIND OF BUSINESS OR INDUSTRY

Dairy

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?U S A

13. FATHER'S NAME

William H. Chenowith

14. MOTHER'S MAIDEN NAME

Mattie Reeves15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.
215-10-2936

17. INFORMANT

John A. Chenowith

ADDRESS

3725 Delverne Road

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH2 min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Cardio-renal-vascular Disease

DUE TO

8 yrs.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 6, 1945, to March 15, 1953, that I last saw the deceased alive on March 1, 1953, and that death occurred at 3 P.m., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Wilson

M. D.

23B. ADDRESS

617 W. 40th St.

23C. DATE SIGNED

3/16/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

March 18, 1953

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county)

Baltimore Co., Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Burgee Funeral Home

ADDRESS

3631 Falls Road

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

WASHINGTON, D. C.

May 1911

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

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PLANT INDUSTRY

B-6502

EVA M. BORING

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2735

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

BORING, Eva M.

2. DATE
OF
DEATH

3/16/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

38 University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

(16) 15-09

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2204

Mt. Holly St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Teacher

10B. KIND OF BUSINESS OR
INDUSTRY

Public School

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Ephraim Boring

14. MOTHER'S MAIDEN NAME

Georgia Stokesdale

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Olive B. Hecklinger 4108 Roland Ave

18. 175X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinomatosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Carcinoma of ovary

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 3/12 1953, to 3/16/53, 1953, that I last saw the
deceased alive on 3/15, 1953, and that death occurred at 5:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

G. B. Smith, Jr.

M. D.

Univ Hosp, Balto

3/16/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

March 19, 1953

Huntington Williams, Jr.

Burgee Funeral Home 3631 Fall Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2736

525
53 2736
BIRTH NO.1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION If not in hospital or institution, give street address or location

JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

754.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Congenital Heart Disease,
aortic septal defect

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) —
(C) operative shockII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-12-1953, to 3-16-1953, that I last saw the
deceased alive on 3-16-1953, and that death occurred at 11:55 A.M., from the causes and on the date stated above.

22A. SIGNATURE

22B. ADDRESS

22C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

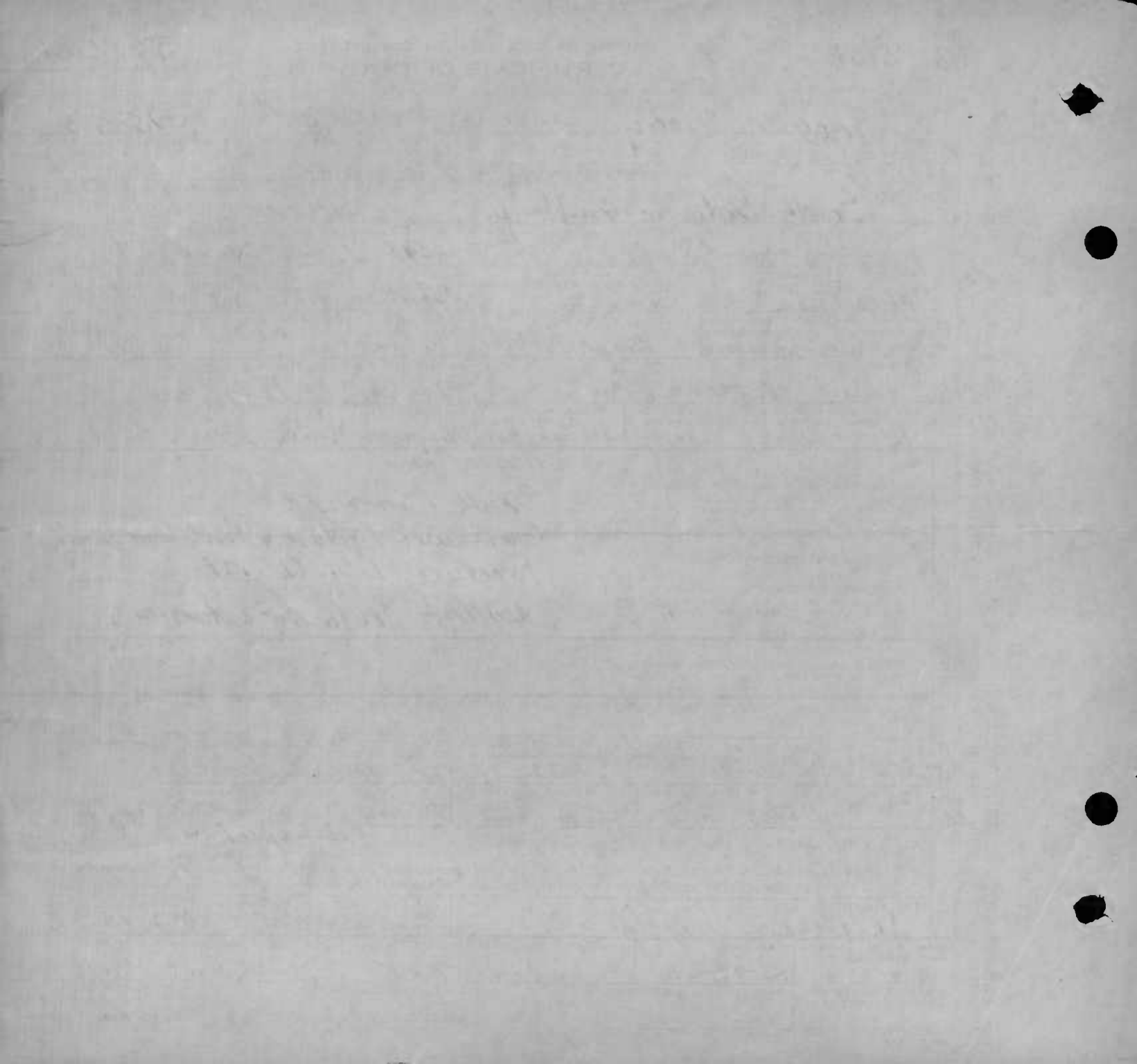
MEDICAL CERTIFICATION

BIRTH NO.				BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 2737	
1. NAME OF DECEASED (Type or Print) Louis Brady				2. DATE OF DEATH 3-15-53			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY			
5. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore Gen. Hosp.				C. CITY OR TOWN (If outside corporate limits, write full name of township) BALTIMORE		D. STREET ADDRESS (If rural, give location) 2578 W. BALTIMORE ST.	
c. Length of stay in Baltimore LIFE				E. DATE OF BIRTH August 23, 1918		F. AGE (in years last birthday) 34	
5. SEX MALE	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH		9. AGE (in years last birthday)	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Apprentice Supervisor		10B. KIND OF BUSINESS OR INDUSTRY AIRARMS		11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Louis M. Brady, Sr.				14. MOTHER'S MAIDEN NAME MARGARET MUENZING			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) YES		16. SOCIAL SECURITY NO. 215-10-6931		17. INFORMANT MARGARET BRADY		ADDRESS 2578 W. BALTO. ST.	
18. E823.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Skull Fracture DUE TO Comminuted Fracture Rt. Tibia & Fibula Fracture Left Wrist DUE TO Multiple Contusions & Abrasions				CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) road		21C. WHERE DID INJURY OCCUR? Fr. Meade Rd.		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 3/15/53. 2:30 a.m.	
21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? driving car & went off road.		22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>			
23A. SIGNATURE William V. Pratt		23B. CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR		23C. DATE SIGNED 3-15-53			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 3-19-53		24C. NAME OF CEMETERY OR CREMATORY LONDON PARK		24D. LOCATION (City, town, or county) (State) BALTIMORE, Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR GEORGE L. SCHWAB		ADDRESS 2101 Reederick Ave.	

VS 151

N 804.2

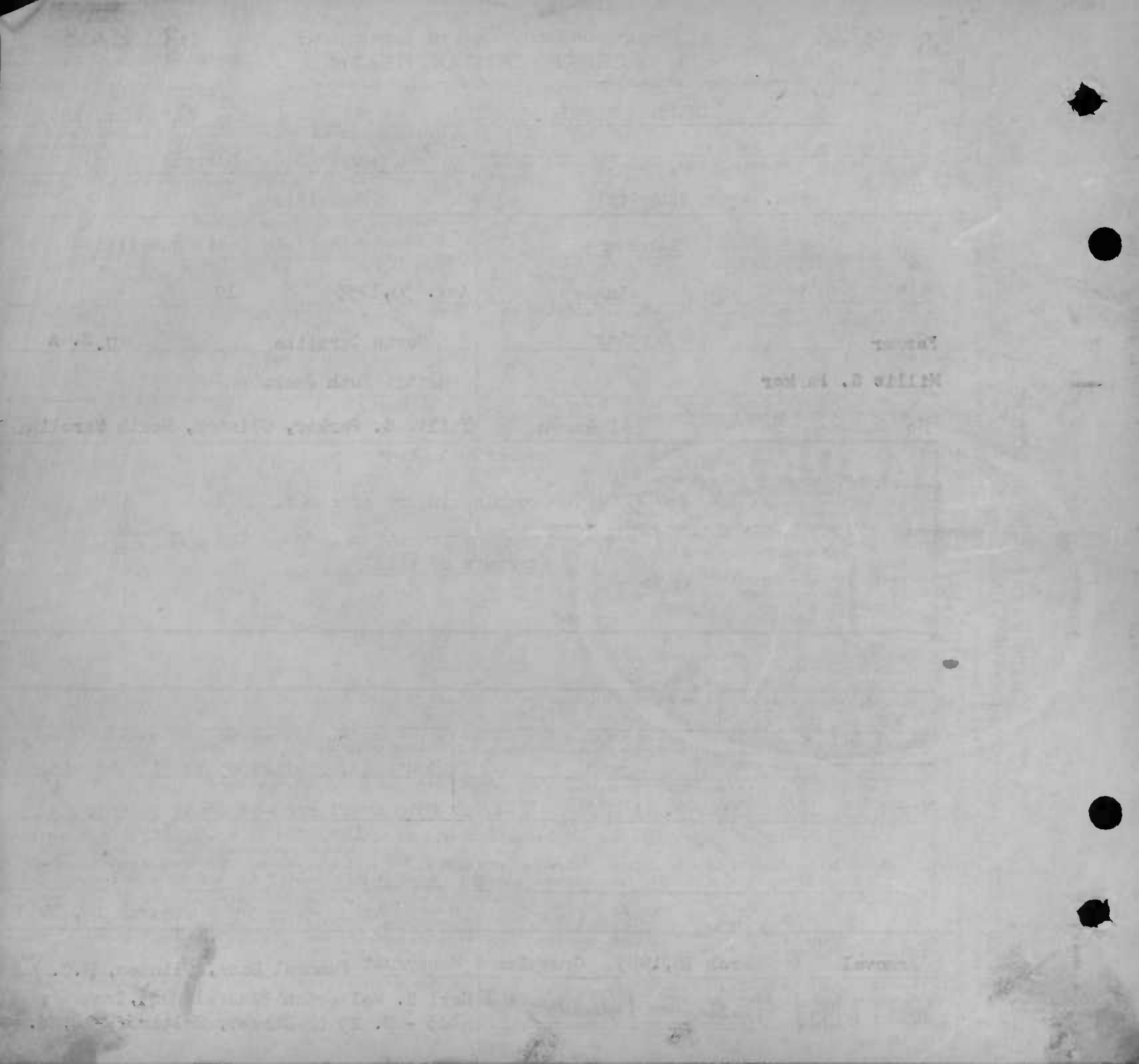
29032



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print)		DELMUS HARROW PARKER		2. DATE OF DEATH March 16, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Carroll			
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sykesville			
C. Length of stay in Baltimore Unknown		D. STREET ADDRESS (If rural, give location) Springfield State Hospital			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Aug. 30, 1933	9. AGE (In years last birthday) 19	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10B. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) North Carolina	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Millis S. Parker		14. MOTHER'S MAIDEN NAME Mattie Ruth Jackson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT ADDRESS Millis S. Parker, Clinton, North Carolina	
18. <u>E822.4</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <u>Crushing injury of chest</u> DUE TO (B) <u>Fracture of skull</u> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) road		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Route 32, 3 miles south of Sykesville	
21D. TIME (Month) (Day) (Year) (Hour) March 15, 1953 11:00 P. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Auto overturned-occupant of auto	
22. I certify that I took charge of the remains described above, held an <u>inspection & inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>R. Fisher</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED March 16, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE March 16, 1953		24C. NAME OF CEMETERY OR CREMATORY Crumpler & Honeycutt Funeral Home, Clinton, N.C.	
24D. LOCATION (City, town, or county) (State) Clinton, N.C.		24E. DATE RECEIVED BY LOCAL REGISTRAR MAR 17 1953		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
24G. DATE SIGNED March 16, 1953		24H. FUNERAL DIRECTOR Earl B. Wolverson Funeral Home, Inc.		24I. ADDRESS 403 - E. 25 th Street, Baltimore 18, Md.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BRILHART, LENA

2. DATE
OF
DEATH

16 MAR '53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

FRANKLIN SQ HOSP.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

MANCHESTER

5600

D. STREET ADDRESS (If rural, give location)

MAINE ST.

C. Length of stay in Baltimore

2 days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9/10/70

9. AGE (In years last birthday)

72

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own home

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Louis RUSK

14. MOTHER'S MAIDEN NAME

Barbara unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Paul E. Ruland #24

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) PULMONARY EDEMA

10+ DAYS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CARDIAC DECOMPENSATION

10+ DAYS

DUE TO

(C) ARTERIOSCLEROTIC HEART DISEASE

? Yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

BLEEDING PEPTIC ULCER

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 MAR 1953 to 16 MAR 1953 that I last saw the deceased alive on 16 MAR 1953 and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Rear Mr. Done, M.D.

23B. ADDRESS

6 FRANKLIN SQ HOSP 16 MAR 53

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/19/53

24C. NAME OF CEMETERY OR CREMATORY

Manchester Cem.

24D. LOCATION (City, town, or county)

Manchester, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

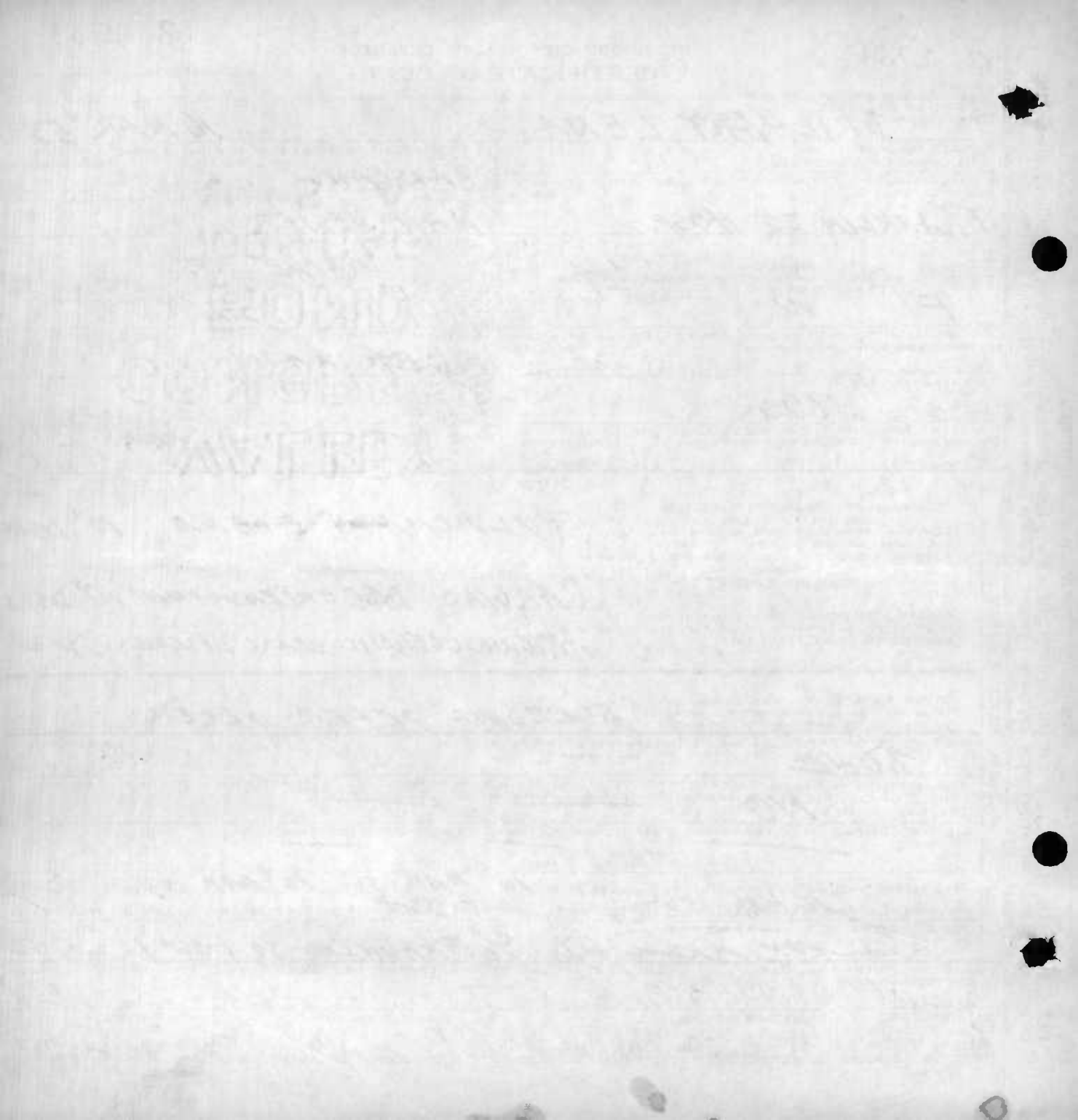
MAR 17 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. R B Winn / Manchester, Md

25. FUNERAL DIRECTOR

ADDRESS



53 2740

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2740

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE M. SMITH

2. DATE
OF
DEATH

MARCH 16, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

STATE DELAWARE

B. COUNTY SUSSEX

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)VA HOSPITAL
BALTIMORE 18, MD.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

SEAFORD

D. STREET ADDRESS (If rural, give location)

701 LIBERTY STREET

C. Length of stay in Baltimore

5 DAYS

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

NEGRO

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

NOV. 7, 1907

9. AGE (In years
last birthday)

45

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR
INDUSTRY

PRODUCE COMPANY

11. BIRTHPLACE (State or foreign country)

SEAFORD, DELAWARE

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

JOHN H. SMITH

14. MOTHER'S MAIDEN NAME

FANNIE GOSLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

YES

4/15/42 to 1/4/46

16. SOCIAL
SECURITY NO.

222-01-4797

17. INFORMANT

VA HOSPITAL RECORDS

ADDRESS

VAH, BALTO., MD.

18.

002 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Tuberculosis Far Advanced

Unknown

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

VA

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/11, 1953, to 3/16, 1953, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John T. Kalish

23B. ADDRESS

VAH, BALTIMORE 18, MD.

23C. DATE SIGNED

3/16/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/17/53

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Seaford Delaware

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

C.R. LAW 802 Madison Ave.

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

317123

C.R. LAW

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2741
Registered No.53 2741
BIRTH NO.

1. NAME OF DECEASED (Type or Print) KATHERINE COOK			2. DATE OF DEATH 15 March '53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Simon Hosp. of Ballymore			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-01		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 141 N. Curley St		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 10/29/72		9. AGE (in years last birthday) 80
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10B. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Baltimore Md.
13. FATHER'S NAME Charles Stockman			12. CITIZEN OF WHAT COUNTRY? U.S.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. None		17. INFORMANT Alfred Hammen
15. ADDRESS Curley St.					

18. 493X and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Pneumonia DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes mellitus, Decipiens adur					
19A. DATE OF OPERATION 3/19/53		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/11 , 19 53 , to 3/15 , 19 53 ; that I last saw the deceased alive on 15 March, 1953 , and that death occurred at 7 A m., from the causes and on the date stated above.					
22A. SIGNATURE Rodney W. Bernson		22B. ADDRESS Simon Hosp., Balt., Md.		22C. DATE SIGNED 15 March 53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/19/53		24C. NAME OF CEMETERY OR CREMATORY Baltimore	
24D. LOCATION (City, town, or county) (State) Baltimore		24E. FUNERAL DIRECTOR Philip Herwigson		24F. ADDRESS 2024 Orleans St	
DATE RECEIVED BY LOCAL REGISTRAR MAR 17 1953		REGISTRAR'S SIGNATURE Huntington Williams			

CERTIFICATE OF BIRTH

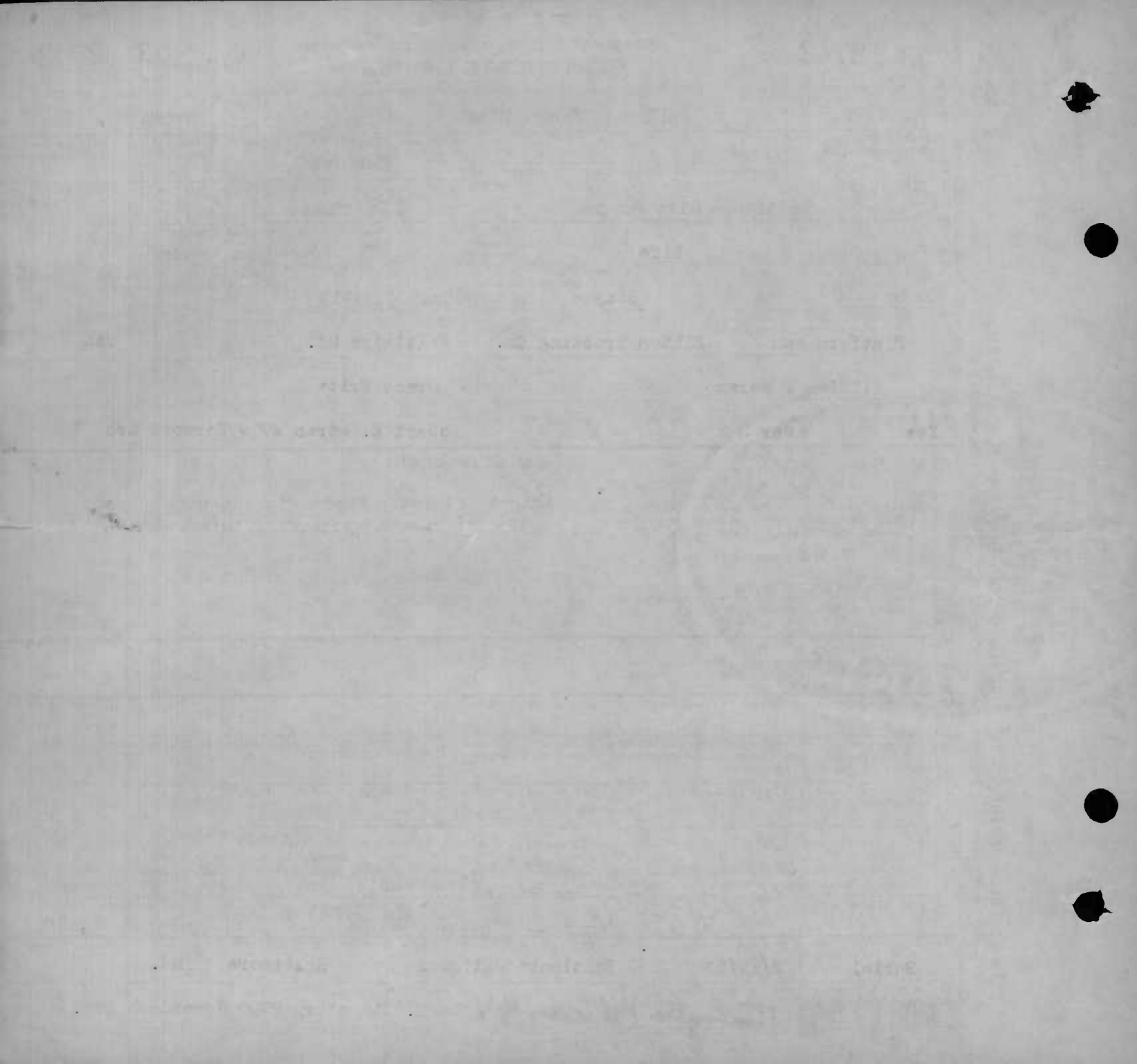
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MADE IN
CHINA
1136

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 53 2742	
BIRTH NO. 53 2742					
1. NAME OF DECEASED (Type or Print) PAUL BENTON MORAN				2. DATE OF DEATH March 16, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Morgue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-07		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 2743 Edmondson Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 25, 1917	9. AGE (In years; last birthday) 36	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Platform Man		10B. KIND OF BUSINESS OR INDUSTRY Elkton Trucking Co.	11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William P Moran			14. MOTHER'S MAIDEN NAME Grace Fritz		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. War 2	17. INFORMANT ADDRESS Robert E. Moran 4709 Norwood Ave 7		
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic heart disease with Old and recent myocardial infarction			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO (B) (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED March 16, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/19/53		24C. NAME OF CEMETERY OR CREMATORY Baltimore National	
24D. LOCATION (City, town, or county) (State) Baltimore Md.		25. FUNERAL DIRECTOR ADDRESS John T. Stansbury 2700 Edmondson Ave.			
DATE RECEIVED BY LOCAL REGISTRAR MAR 17 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 2743

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2743

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Tignor

2. DATE
OF
DEATH

3-15-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

BALTIMORE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

EDGEMERE

D. STREET ADDRESS (If rural, give location)

7206 BAY FRONT ROAD

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

FEB 14, 1932

9. AGE (In years,
last birthday)

21

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

SERVICE STATION ATTENDANT

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

GEORGE L. TIGNOR

14. MOTHER'S MAIDEN NAME

BARBARA ELMOS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

YES

W. W. II

16. SOCIAL
SECURITY NO.

17. INFORMANT

GEO. L. TIGNOR

ADDRESS

7206 BAY FRONT

18. E823.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Skull Fracture

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Comminuted Fracture of Mandible
(C) Multiple Contusions & Abrasions

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

road

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Elmhurst Rd. at Sparrows R.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

3/15/53

4 p.m.

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☒
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Lit tree while driving his car

22. I certify that I took charge of the remains described above, held an _____ thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. V. V.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

3-15-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

MAR. 18, 1953

24C. NAME OF CEMETERY OR CREMATORY

OAK LAWN

24D. LOCATION (City, town, or county)

COLGATE MD

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 17 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

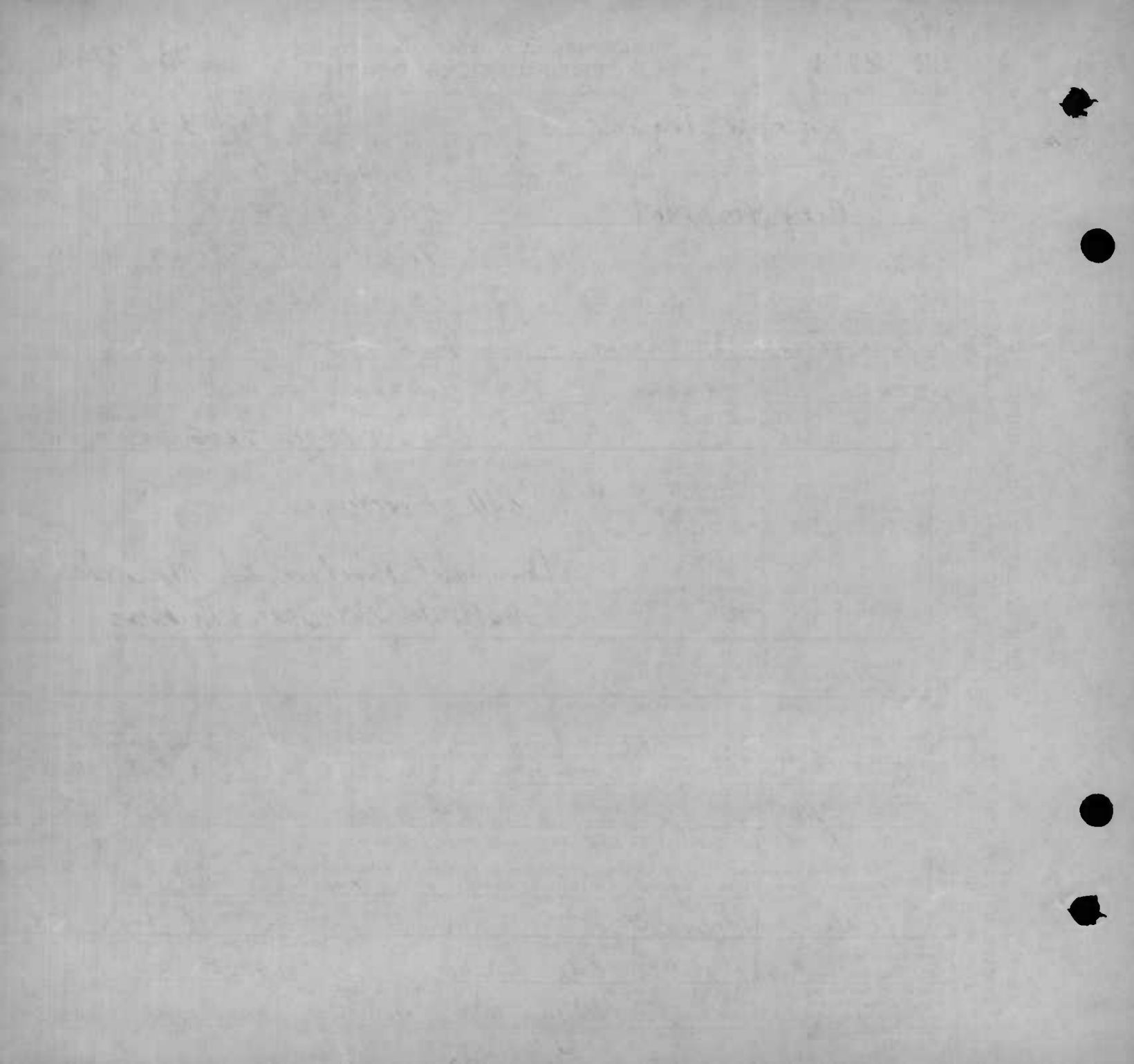
MULLRICH FUNERAL HOME DUNDACK

ADDRESS 2111

VS 151

N 802.2

6216K



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 2744 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 2744 Registered No.	
1. NAME OF DECEASED (Type or Print) EDMUND G. WATKINS			2. DATE OF DEATH March 16, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sparrows Point		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 7753 North Point Road		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 11, 1921	9. AGE (In years last birthday) 31	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver		10B. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (State or foreign country) Ohio	
13. FATHER'S NAME David G. Watkins			14. MOTHER'S MAIDEN NAME Rebecca Woods		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. WWII		17. INFORMANT ADDRESS Mrs. Virginia Swistak 2900 Dunmurry Road	
18. E 816.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Crushing injury of chest DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO			CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) road		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) North Point Rd., 1000' south of Morris Rd.	
21D. TIME (Month) (Day) (Year) (Hour) March 16, 1953 2:00 A. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Driver of auto which struck tractor trailer	
22. I certify that I took charge of the remains described above, held an inspection & inspection and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>					
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER M.D.		23C. DATE SIGNED March 16, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Mar. 19, 1953		24C. NAME OF CEMETERY OR CREMATORY Baltimore National	
24D. LOCATION (City, town, or county) Baltimore, Md.		25. FUNERAL DIRECTOR ADDRESS Elrich Funeral Home 2112 Dundalk Ave			

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN THOMAS MIX

2. DATE
OF
DEATH

March 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

2837 Erdman Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2837 Erdman Avenue

c. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 20, 1879

9. AGE (in years
last birthday)

73

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Elevator Operator

10B. KIND OF BUSINESS OR
INDUSTRY

Continental Can Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John T. Mix

14. MOTHER'S MAIDEN NAME

Minnie Deickert

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

213-102015

17. INFORMANT 2837 Erdman Avenue - 13
Mrs. Pauline Mix

18. 420.1 and 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Coronary Thrombosis.
Arteriosclerotic CardiovascularII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Adeno-Carcinoma of Transverse Colon & Metastasis

19A. DATE OF OPERATION

February 13, 1953

19B. MAJOR FINDINGS OF OPERATION

Confirmed Clinical Diagnosis - Tuberculosis

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☒
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1953 to Mar 14, 1953 that I last saw the
deceased alive on Mar 13, 1953 and that death occurred at 9:50 a.m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Stevens

M. D.

23B. ADDRESS

3408 Erdman Ave

23C. DATE SIGNED

3/16/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

3/17/53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC
BALTO. 13, MD

ADDRESS

George J. Mads

STATE OF TEXAS
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

NAME OF DECEASED
AGE
SEX
RACE
DATE OF DEATH

PLACE OF DEATH
CITY
COUNTY
STATE

CAUSE OF DEATH
IMMEDIATE
INTERMEDIATE
UNDERLYING

DATE OF BIRTH
PLACE OF BIRTH
CITY
COUNTY
STATE

EDUCATION
OCCUPATION
MARRIAGE

RELIGION
SIGNED AND SWORN TO before me this
day of

19
at
COUNTY
STATE

My commission expires this
day of

NOTARY PUBLIC
COUNTY
STATE

DECEASED'S SIGNATURE
WITNESSES' SIGNATURES

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53-5000
53 2746

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2746

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Baum, Samuel		2. DATE OF DEATH 3-16-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital of Baltimore, Inc.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-03			
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2 N. Collington Ave. Zone 31			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		B. DATE OF BIRTH ?	9. AGE (in years last birthday) 77 If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Tailor		11. BIRTHPLACE (State or foreign country) Russia	
13. FATHER'S NAME Nathan		14. MOTHER'S MAIDEN NAME Ladue			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Dr Theodore Baum - Same ADDRESS	
18. 443X and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive - Arteriosclerotic Heart Disease (Cardio-Vascular) DUE TO		INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized arteriosclerosis DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Cerebro-vascular accident, Diabetes Mellitus					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/2/53 , 19 53 , to 3/16 , 19 53 , that I last saw the deceased alive on 3/16 , 19 53 , and that death occurred at 10:35 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Dr. Charles Rubnitz		23B. ADDRESS Sinai Hospital of Baltimore		23C. DATE SIGNED 3/16/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-17-53		24C. NAME OF CEMETERY OR CREMATORY Hebrew Young Men	
24D. LOCATION (City, town, or county) Balto Md		24E. NAME OF FUNERAL DIRECTOR Jack Lewis		24F. ADDRESS 2100 Eastern Pl	
DATE RECEIVED BY LOCAL REGISTRAR MAR 17 1953		REGISTRAR'S SIGNATURE Huntington Williams		FUNERAL DIRECTOR'S SIGNATURE Jack Lewis	

MAR 17 1953

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

407

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2747

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Kate Bishop Goldsborough

2. DATE OF DEATH March 14, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

350 N. Gay Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

350 N. Gay Street

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

June 10, 1868

9. AGE (In years last birthday)

84

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A

13. FATHER'S NAME

Jake Johnson

14. MOTHER'S MAIDEN NAME

Maria Floyd

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mr. John Goldsborough

ADDRESS 524

Bloom St.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Coronary Vascular Disease*

2 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from Jan. 5 - 1953, to Mar 14, 1953, that I last saw the deceased alive on Mar 12, 1953, and that death occurred at 4² m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-17-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county)

Baltimore,

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

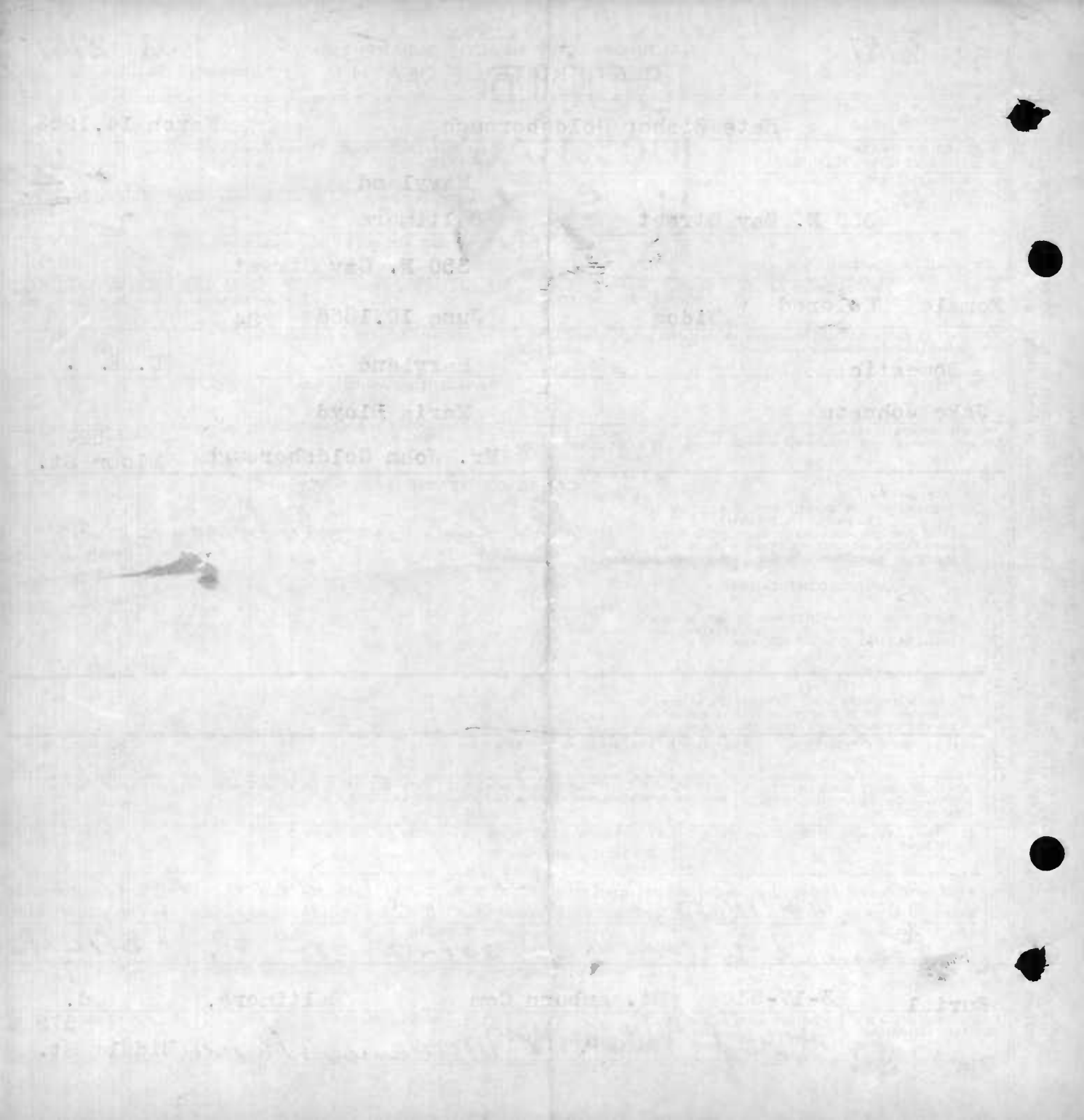
25. FUNERAL DIRECTOR

ADDRESS 578 W

MAR 17 1953

Huntington Williams, M.D.

Mrs. Frances W. Hensley Biddle St.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2748

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Mary Clark.2. DATE
OF
DEATH3/15/53.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONProvident Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

1/9/009. AGE (In years
last birthday)53

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Housewife10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Charles et md.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Tomma Carroll.

14. MOTHER'S MAIDEN NAME

Caroline Jackson.15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 584X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary thrombosisINTERVAL BETWEEN
ONSET AND DEATH15 min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.cholecystectomy10 days

19A. DATE OF OPERATION

3/5/53

19B. MAJOR FINDINGS OF OPERATION

chr. cholecystitis & cholelithiasis

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 2, 1953 to March 15, 1953, that I last saw the
deceased alive on 3/15, 1953, and that death occurred at 2:15 pm., from the causes and on the date stated above.

23A. SIGNATURE

A. J. Edwards

23B. ADDRESS

Provident Hosp

23C. DATE SIGNED

3/16/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

3-19-53

24C. NAME OF CEMETERY OR CREMATORY

Shiloh Ave

24D. LOCATION (City, town or county)

Newburg Charles Co. Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

Mrs. Frances C. Hensley

ADDRESS

578 W. Biddle St

CERTIFICATE OF DEATH

1964-1-1

1. Name of deceased		2. Sex		3. Age		4. Date of death		5. Place of death	
6. Cause of death		7. Manner of death		8. Signature of physician		9. Signature of registrar		10. Signature of informant	
11. Name of informant		12. Address of informant		13. Telephone number		14. Date of registration		15. Registrar's signature	
16. Name of registrar		17. Address of registrar		18. Telephone number		19. Date of registration		20. Registrar's signature	
21. Name of informant		22. Address of informant		23. Telephone number		24. Date of registration		25. Registrar's signature	
26. Name of registrar		27. Address of registrar		28. Telephone number		29. Date of registration		30. Registrar's signature	
31. Name of informant		32. Address of informant		33. Telephone number		34. Date of registration		35. Registrar's signature	
36. Name of registrar		37. Address of registrar		38. Telephone number		39. Date of registration		40. Registrar's signature	
41. Name of informant		42. Address of informant		43. Telephone number		44. Date of registration		45. Registrar's signature	
46. Name of registrar		47. Address of registrar		48. Telephone number		49. Date of registration		50. Registrar's signature	
51. Name of informant		52. Address of informant		53. Telephone number		54. Date of registration		55. Registrar's signature	
56. Name of registrar		57. Address of registrar		58. Telephone number		59. Date of registration		60. Registrar's signature	
61. Name of informant		62. Address of informant		63. Telephone number		64. Date of registration		65. Registrar's signature	
66. Name of registrar		67. Address of registrar		68. Telephone number		69. Date of registration		70. Registrar's signature	
71. Name of informant		72. Address of informant		73. Telephone number		74. Date of registration		75. Registrar's signature	
76. Name of registrar		77. Address of registrar		78. Telephone number		79. Date of registration		80. Registrar's signature	
81. Name of informant		82. Address of informant		83. Telephone number		84. Date of registration		85. Registrar's signature	
86. Name of registrar		87. Address of registrar		88. Telephone number		89. Date of registration		90. Registrar's signature	
91. Name of informant		92. Address of informant		93. Telephone number		94. Date of registration		95. Registrar's signature	
96. Name of registrar		97. Address of registrar		98. Telephone number		99. Date of registration		100. Registrar's signature	

53 2749

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2749

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIZABETH RANDOL BAKER

2. DATE
OF
DEATH

Mar 15 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

3333 N Charles St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 12-02

D. STREET ADDRESS (If rural, give location)

3333 N Charles St

c. Length of stay in Baltimore

31

Yrs.
-Mos.
-Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Nov 23 1872

9. AGE (in years
last birthday)

80

If Under 1 Year
Months; DaysIf Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Jersey City N.J.

12. CITIZEN OF
WHAT COUNTRY?

WA

13. FATHER'S NAME

James B Randol

14. MOTHER'S MAIDEN NAME

Christiana Terhune

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

ADDRESS

J B Randol/Carroll 3908 Cloverhill Rd

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Coronary Occlusion
DUE TO

1 hour

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerosis
DUE TO

? yrs

(C) Hypertension
DUE TO

? yrs

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Rheumatoid arthritis

10 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/5/46, 19, to 3/13/53, 19, that I last saw the
deceased alive on 3/14/53, 19, and that death occurred at 8:45 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Francis M. Gluck

M. D.

23B. ADDRESS

100 W University Penny

23C. DATE SIGNED

3/16/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

Mar 18 1953

24D. LOCATION (City, town, or county)

Woodlawn

(State)

New York NY

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

H. Jenkins 4495 York Rd

ADDRESS

CERTIFICATE OF DEATH

<p>1. Name of deceased: _____</p>		<p>2. Sex: _____</p>		<p>3. Age: _____</p>	
<p>4. Date of death: _____</p>		<p>5. Time of death: _____</p>		<p>6. Place of death: _____</p>	
<p>7. Cause of death: _____</p>		<p>8. Manner of death: _____</p>		<p>9. Signature of physician: _____</p>	
<p>10. Signature of registrar: _____</p>		<p>11. Signature of informant: _____</p>		<p>12. Signature of witness: _____</p>	
<p>13. Signature of funeral home: _____</p>		<p>14. Signature of undertaker: _____</p>		<p>15. Signature of other: _____</p>	
<p>16. Signature of other: _____</p>		<p>17. Signature of other: _____</p>		<p>18. Signature of other: _____</p>	
<p>19. Signature of other: _____</p>		<p>20. Signature of other: _____</p>		<p>21. Signature of other: _____</p>	
<p>22. Signature of other: _____</p>		<p>23. Signature of other: _____</p>		<p>24. Signature of other: _____</p>	
<p>25. Signature of other: _____</p>		<p>26. Signature of other: _____</p>		<p>27. Signature of other: _____</p>	
<p>28. Signature of other: _____</p>		<p>29. Signature of other: _____</p>		<p>30. Signature of other: _____</p>	
<p>31. Signature of other: _____</p>		<p>32. Signature of other: _____</p>		<p>33. Signature of other: _____</p>	
<p>34. Signature of other: _____</p>		<p>35. Signature of other: _____</p>		<p>36. Signature of other: _____</p>	
<p>37. Signature of other: _____</p>		<p>38. Signature of other: _____</p>		<p>39. Signature of other: _____</p>	
<p>40. Signature of other: _____</p>		<p>41. Signature of other: _____</p>		<p>42. Signature of other: _____</p>	
<p>43. Signature of other: _____</p>		<p>44. Signature of other: _____</p>		<p>45. Signature of other: _____</p>	
<p>46. Signature of other: _____</p>		<p>47. Signature of other: _____</p>		<p>48. Signature of other: _____</p>	
<p>49. Signature of other: _____</p>		<p>50. Signature of other: _____</p>		<p>51. Signature of other: _____</p>	
<p>52. Signature of other: _____</p>		<p>53. Signature of other: _____</p>		<p>54. Signature of other: _____</p>	
<p>55. Signature of other: _____</p>		<p>56. Signature of other: _____</p>		<p>57. Signature of other: _____</p>	
<p>58. Signature of other: _____</p>		<p>59. Signature of other: _____</p>		<p>60. Signature of other: _____</p>	
<p>61. Signature of other: _____</p>		<p>62. Signature of other: _____</p>		<p>63. Signature of other: _____</p>	
<p>64. Signature of other: _____</p>		<p>65. Signature of other: _____</p>		<p>66. Signature of other: _____</p>	
<p>67. Signature of other: _____</p>		<p>68. Signature of other: _____</p>		<p>69. Signature of other: _____</p>	
<p>70. Signature of other: _____</p>		<p>71. Signature of other: _____</p>		<p>72. Signature of other: _____</p>	
<p>73. Signature of other: _____</p>		<p>74. Signature of other: _____</p>		<p>75. Signature of other: _____</p>	
<p>76. Signature of other: _____</p>		<p>77. Signature of other: _____</p>		<p>78. Signature of other: _____</p>	
<p>79. Signature of other: _____</p>		<p>80. Signature of other: _____</p>		<p>81. Signature of other: _____</p>	
<p>82. Signature of other: _____</p>		<p>83. Signature of other: _____</p>		<p>84. Signature of other: _____</p>	
<p>85. Signature of other: _____</p>		<p>86. Signature of other: _____</p>		<p>87. Signature of other: _____</p>	
<p>88. Signature of other: _____</p>		<p>89. Signature of other: _____</p>		<p>90. Signature of other: _____</p>	
<p>91. Signature of other: _____</p>		<p>92. Signature of other: _____</p>		<p>93. Signature of other: _____</p>	
<p>94. Signature of other: _____</p>		<p>95. Signature of other: _____</p>		<p>96. Signature of other: _____</p>	
<p>97. Signature of other: _____</p>		<p>98. Signature of other: _____</p>		<p>99. Signature of other: _____</p>	
<p>100. Signature of other: _____</p>		<p>101. Signature of other: _____</p>		<p>102. Signature of other: _____</p>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

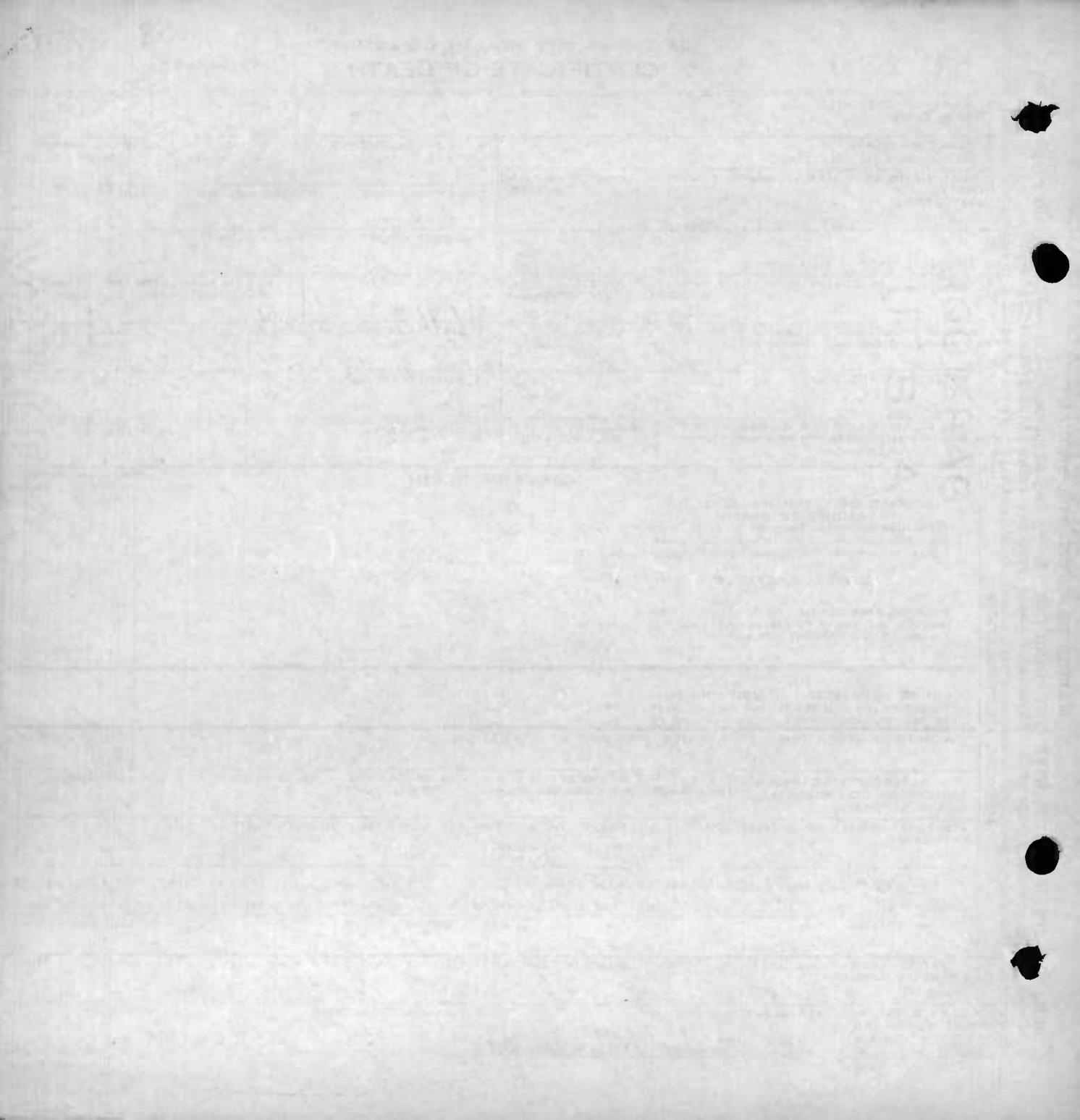
53 2750
Registered No. _____

53 2750
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Robert P. Gaines			2. DATE OF DEATH 3-14-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1052 Pennsylvania, Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 1052 Pennsylvania Ave.		
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/17/88		9. AGE (in years last birthday) 64
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10B. KIND OF BUSINESS OR INDUSTRY Food Market		11. BIRTHPLACE (State or foreign country) Washington, D.C.
13. FATHER'S NAME Unknown			12. CITIZEN OF WHAT COUNTRY? U.S.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. (R)		
17. INFORMANT Hettie S. Gaines			ADDRESS 1052 Penna. Ave.		

18. 163X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CARCINOMA of LUNG DUE TO (A) _____ ANTECEDENT CAUSES (B) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____		INTERVAL BETWEEN ONSET AND DEATH 6 mo.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from MAR 14, 1953 , to MAR 14, 1953 , that I last saw the deceased alive on MAR 14, 1953 , and that death occurred at 11:30 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE William F. Fry		23B. ADDRESS 1928 Penna. Ave.		23C. DATE SIGNED 3-16-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-18-53		24C. NAME OF CEMETERY OR CREMATORY St. Auburn Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Maryland		24E. DATE RECEIVED BY LOCAL REGISTRAR MAR 11 1953		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. DATE RECEIVED BY LOCAL REGISTRAR MAR 11 1953		24H. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		24I. FUNERAL DIRECTOR Charles R. Law	
24J. ADDRESS 802 Madison Ave.		24K. ADDRESS			



MARGIN RESERVED FOR BINDING

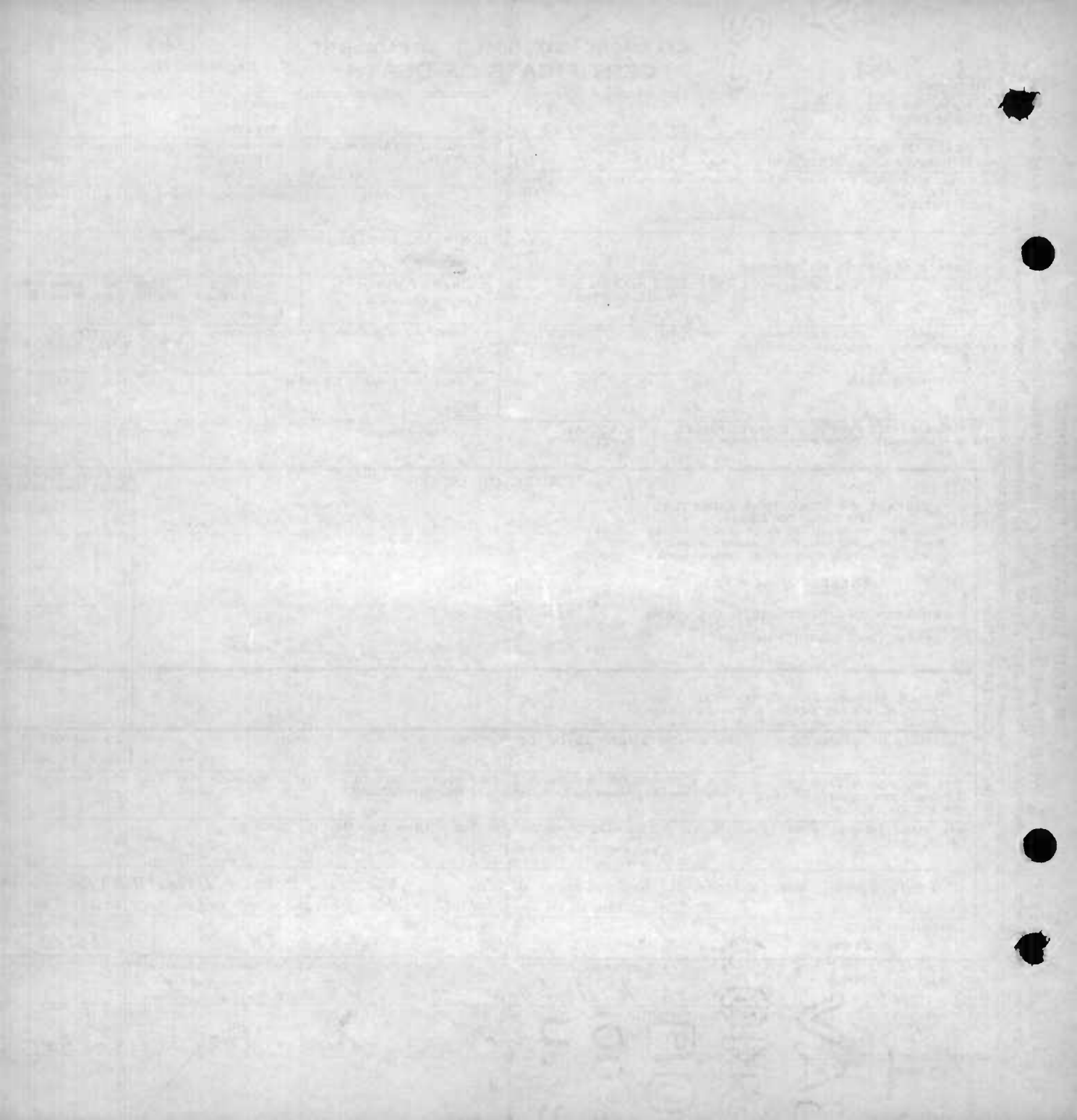
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2751
Registered No.53 2751
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Bertie L. Payne</i>			2. DATE OF DEATH <i>3-15-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1310 Myrtle Ave</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 17-03</i>		
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>1310 Myrtle Ave.</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>4-27-90</i>	9. AGE (In years last birthday) <i>62</i>	# Under 1 Year Months: Days # Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <i>Balto., Md.</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>Charles Garrett</i>			14. MOTHER'S MAIDEN NAME <i>Rachael Wilson</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>None</i>		
17. INFORMANT <i>Grace Garrett, 1013 Myrtle Ave.</i>			ADDRESS		

1B. <i>174X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cancer of the uterus</i>		CAUSE OF DEATH <i>Cancer of the uterus</i>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO	
		(B) DUE TO	
		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Dec 18, 1952</i> to <i>Mar 14, 1953</i> that I last saw the deceased alive on <i>3-14, 1953</i> and that death occurred at <i>3:30 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Healy M. Adams</i> M. D.		23B. ADDRESS <i>2341 W. North</i>		23C. DATE SIGNED <i>3-15-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/18/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto., Md.</i>		24E. FUNERAL DIRECTOR <i>Charles L. Law, 802 Madison Ave.</i>		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 17 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Charles L. Law, 802 Madison Ave.</i>	



53 2752

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2752

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM MOHRMAN

2. DATE
OF
DEATH

Mar. 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

881 N. Howard St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

11-03

D. STREET ADDRESS (If rural, give location)

881 N. Howard St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Apr. 19, 1877

9. AGE (In years,
last birthday)

75

10. Under 1 Year 11. Under 24 Hours
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Owner

10B. KIND OF BUSINESS OR
INDUSTRY
Restaurant

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wilhelm Mohrman

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mrs. Anna H. Mohrman-881 N. Howard St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Thrombosis

2 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arterio-sclerosis

5 yrs

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1947, to March 14, 1953, that I last saw the
deceased alive on March 14, 1953, and that death occurred at 2 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Michael A. Abrams

M. O.

23B. ADDRESS

1820 Euter place

23C. DATE SIGNED

March 16, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

3/17/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cem.

24D. LOCATION (City, town, or county) (State)

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Tucker & Sons

ADDRESS

Baltimore 17, Md.

352
53 2753BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2753

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MILTON EYTINGE

2. DATE
OF
DEATH

Mar. 16, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Doctors Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

Towson

D. STREET ADDRESS (If rural, give location)

1002 Stevenson Lane

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug. 11, 1893

9. AGE (In years
last birthday)

59

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Real Estate Broker

10B. KIND OF BUSINESS OR
INDUSTRY

Real Estate

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Eyttinge

14. MOTHER'S MAIDEN NAME

Bertha Nachman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

World War No. 1

16. SOCIAL
SECURITY NO.

212-09-9040

17. INFORMANT

Mrs. Florence V. Eyttinge-1002 Stevenson Lane

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Myocardial insufficiency

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1933 to March 15, 1953, that I last saw the
deceased alive on March 15, 1953, and that death occurred at 4A. m., from the causes and on the date stated above.

23A. SIGNATURE

Richard S. Fey

M. D.

23B. ADDRESS

2322 Easton Place

23C. DATE SIGNED

3-16-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/18/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

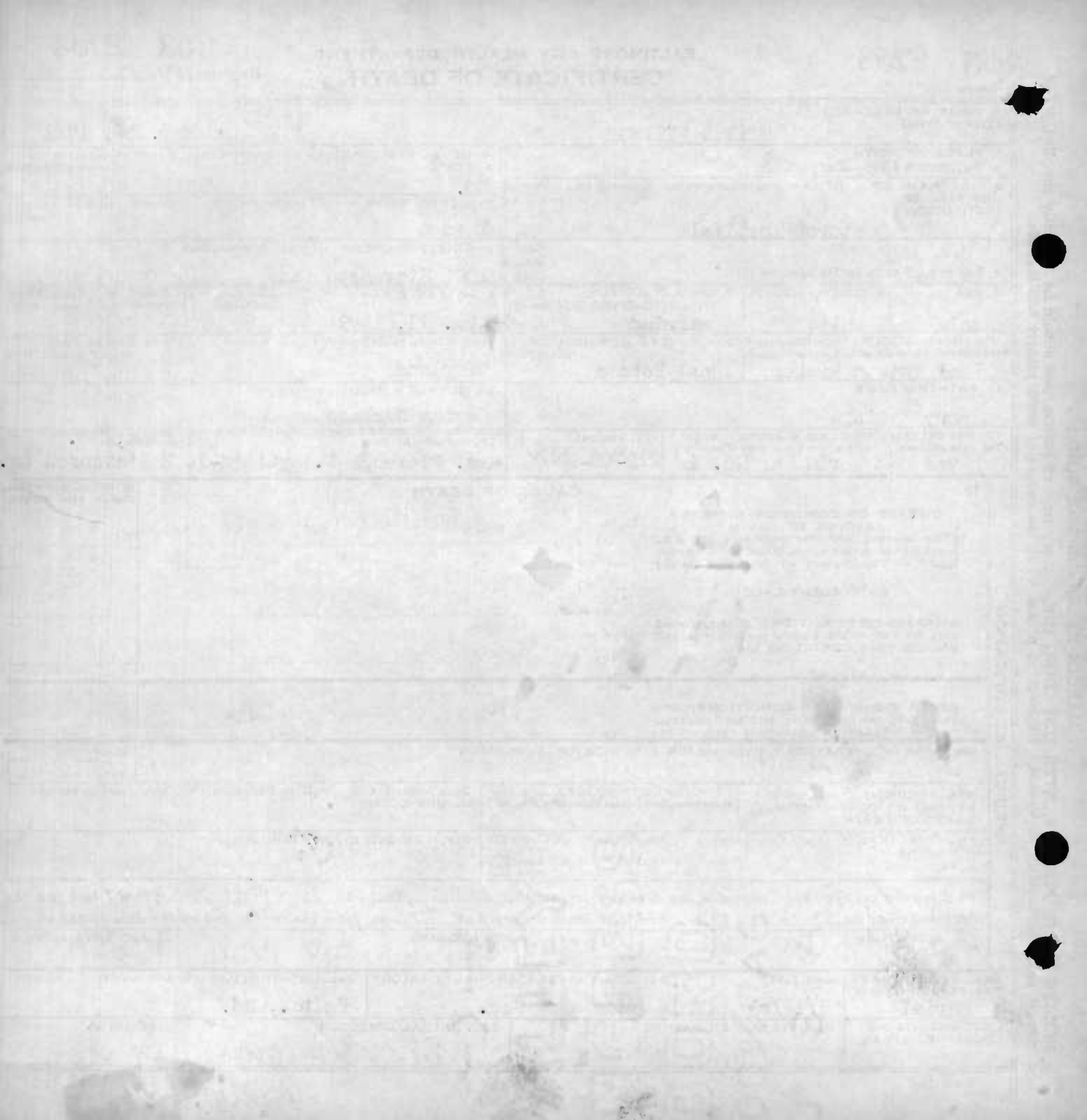
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

J. M. S. Pickens & Sons

ADDRESS

Balto 17, Md.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 2754

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2754
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

TERESA CONASON

2. DATE
OF
DEATH

March 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Virginia

B. COUNTY

B. FULL NAME OF not in hospital or institution, give street address or location

HOSPITAL OR INSTITUTION

St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Arlington

D. STREET ADDRESS (If rural, give location)

4400 Pershing Drive

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

Feb. 17, 1946

9. AGE (In years
last birthday)

7 yrs.

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Student

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

--

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Emanuel Conason

14. MOTHER'S MAIDEN NAME

Eleanor --

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
none16. SOCIAL
SECURITY NO.
none

17. INFORMANT

Hospital Records

ADDRESS

18. E 816.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Craniocerebral injury

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

road

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Washington Boulevard & Dorsey Road

21D. TIME (Month) (Day) (Year) (Hour)

March 15, 1953 2:30 PM

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Occupant of auto
which collided with another auto22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ASSISTANT MEDICAL EXAMINER ☐MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

March 16, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

3/17/53

24C. NAME OF CEMETERY OR CREMATORY

London Park Crematory

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 17 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Elm. J. Pickney & Sons

ADDRESS

Balto 17 Md.

VS 151

N 856.2

Handwritten signature: *James H. ...*

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2755

BIRTH NO. 53 2755

1. NAME OF DECEASED
(Type or Print)

MARK John ROBERTS

2. DATE
OF
DEATH

March 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

820 Park Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

divorced

8. DATE OF BIRTH

Mar. 25, 1899

9. AGE (In years last birthday)

53

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bookkeeper

10B. KIND OF BUSINESS OR INDUSTRY

--?

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Daniel Roberts

14. MOTHER'S MAIDEN NAME

Anna Daly

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL SECURITY NO.
218-03-504917. INFORMANT ADDRESS
Mrs. Allen B. Chalk-3910 Frankfort Ave

18. 322.0 and 161X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Asphyxia

DUE TO Obstruction of tracheotomy due to Acute alcoholism

ANTECEDENT CAUSES

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma of larynx-postoperative-cured

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED March 16, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/19/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

E. M. J. Pickens & Sons

ADDRESS

Balto 17, Md

VS 151

310 99

Handwritten text at the bottom left corner, possibly a signature or date, appearing to read "1915" and "10/10/15".

Dr. Burns

53 2756

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2756

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ESTELLE M. BROOKS

2. DATE
OF
DEATH

MARCH 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3003 Oakcrest Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Baltimore

27-05

D. STREET ADDRESS (If rural, give location)

3003 Oakcrest Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

May 29, 1876

9. AGE (in years

last birthday)
76

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
At home10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Towson, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Samuel M. Anderson

14. MOTHER'S MAIDEN NAME

Sarah Anna Bosley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Edw. G. Conrad, 3003 Oakcrest

18.

585x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Occlusion

3 1/2 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Choleystitis

2 yrs.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1951, to March, 1953, that I last saw the
deceased alive on 3-15, 1953, and that death occurred at 5:25 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Harold H. Burns

M. D.

23B. ADDRESS

2923 Harwood Ave

23C. DATE SIGNED

3-16-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/18/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

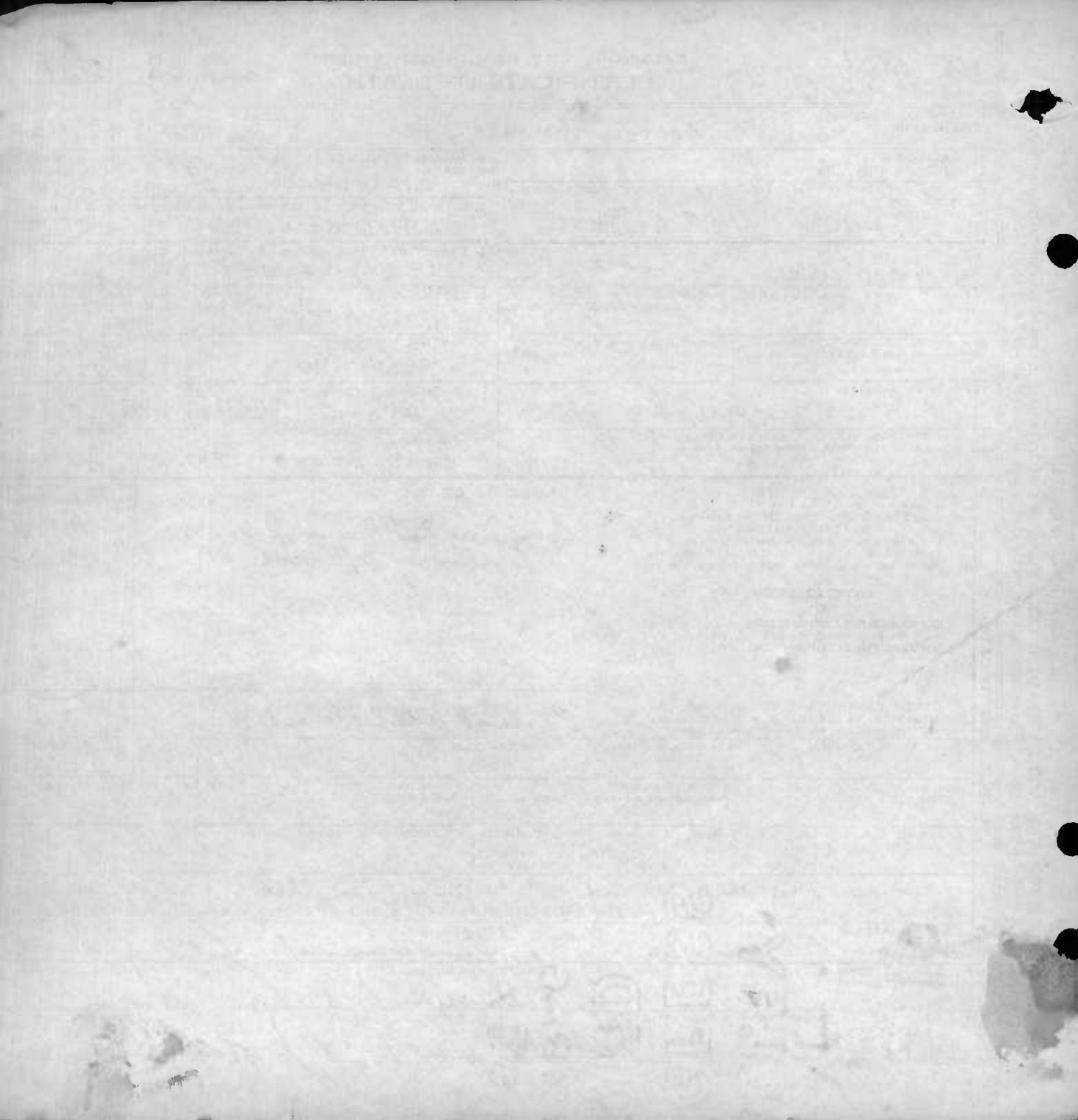
FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road

Dr. Burns
2823 Linwood Ave.

53 2757 53-06375		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 2757	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) CHARLES GORDON BOWERS, JR.			2. DATE OF DEATH MAR. 16, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSP.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 2824 GARNET RD 5300		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH MAR. 16, 1953	9. AGE (In years last birthday)	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME CHARLES GORDON BOWERS			14. MOTHER'S MAIDEN NAME CONSTANCE ORMANNO		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS CHAS. BOWERS (FATHER) ABOVE		
18. 754.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Congenital Heart Disease (absence of left ventricle) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Partial atelectasis OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/16, 1953, to 3/16, 1953, that I last saw the deceased alive on 3/16, 1953, and that death occurred at 3:20 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Huntington S. Green, Jr.		23B. ADDRESS Union Memorial Hospital		23C. DATE SIGNED 3-16-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/18/53		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. FUNERAL DIRECTOR Leonard J. Ruck		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR MAR 17 1953		REGISTRAR'S SIGNATURE Huntington S. Green, Jr.		25. FUNERAL DIRECTOR ADDRESS	



53 2758

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2758
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Florence Jones

2. DATE
OF
DEATH

3-14-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE
MARYLAND

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1432 HARLEM AVE

c. Length of stay in Baltimore

About 30 Yrs

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

1895

9. AGE (in years last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Calvert Co., Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Jefferson

14. MOTHER'S MAIDEN NAME

Nannie

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT ADDRESS
Lillian Graves-1432 Harlem Ave

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular

ANTECEDENT CAUSES

(B) Disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

William V. Smith

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
M.D. MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
3-17-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/17/53

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn Cemetery, Ct.

24D. LOCATION (City, town, or county)

Baltimore, City.

DATE RECEIVED BY LOCAL REGISTRAR

MART 17 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Isaiah L. Brown & Son

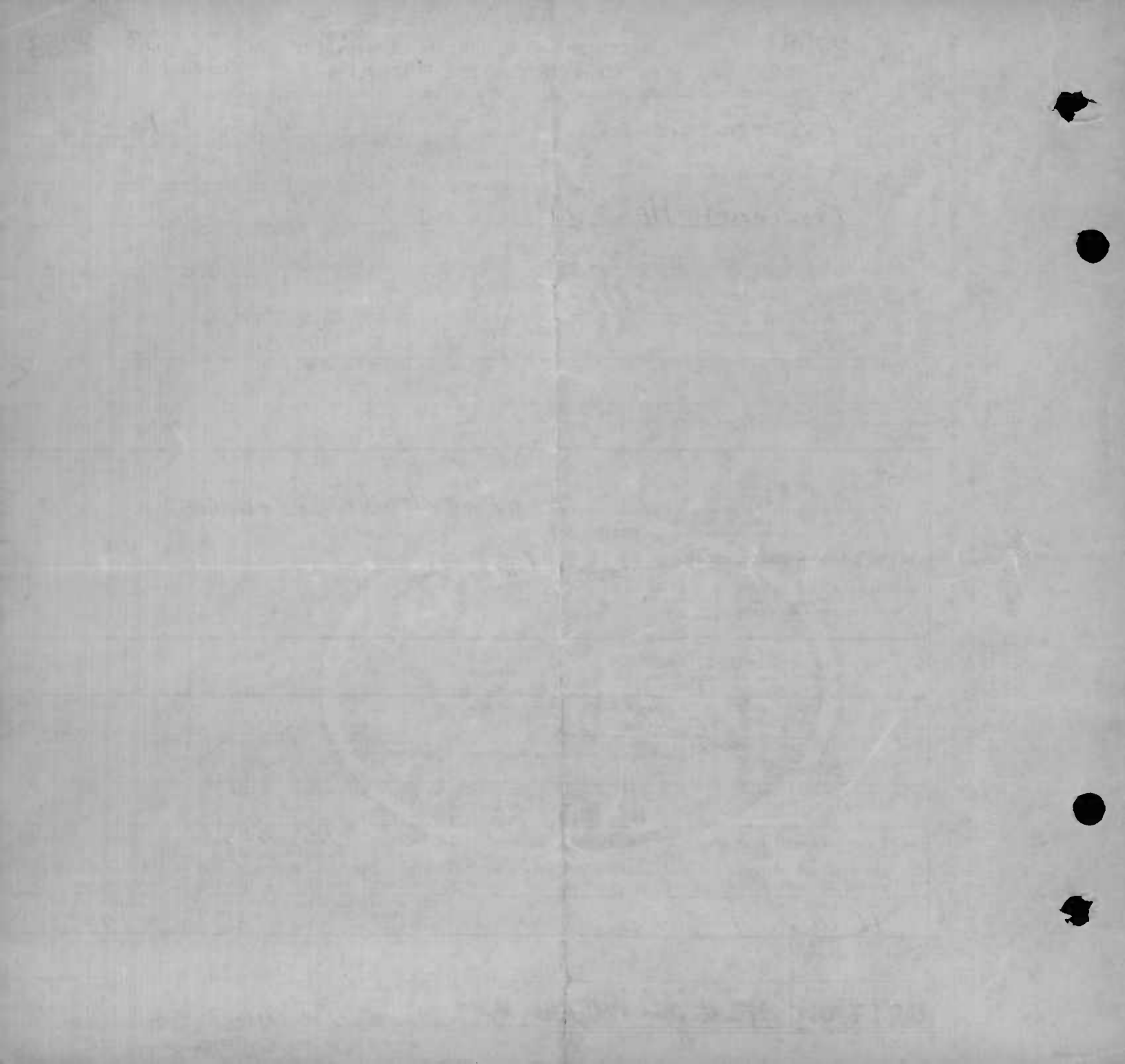
ADDRESS

108 W. Montgomery St.

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



53 2759

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2759

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore

7 days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Pumkin Wares

13. FATHER'S NAME

Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

2. DATE OF DEATH

Mar. 15, 53

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Ind. -

B. COUNTY

Worcester

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Pocomoke -

7339

D. STREET ADDRESS (If rural, give location)

Winter Quarters Home

8. DATE OF BIRTH

9-11-88

9. AGE (in years last birthday)

65

11 Under 1 Year

Months: Days

12 Under 74 Years

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 162X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

BRONCHOGENIC
CARCINOMA

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

1 YR.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 9, 1953 to Mar. 15, 1953, that I last saw the deceased alive on Mar. 15, 1953 and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Carlton L. Luster

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3-15-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-18-53

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Pocomoke City, Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

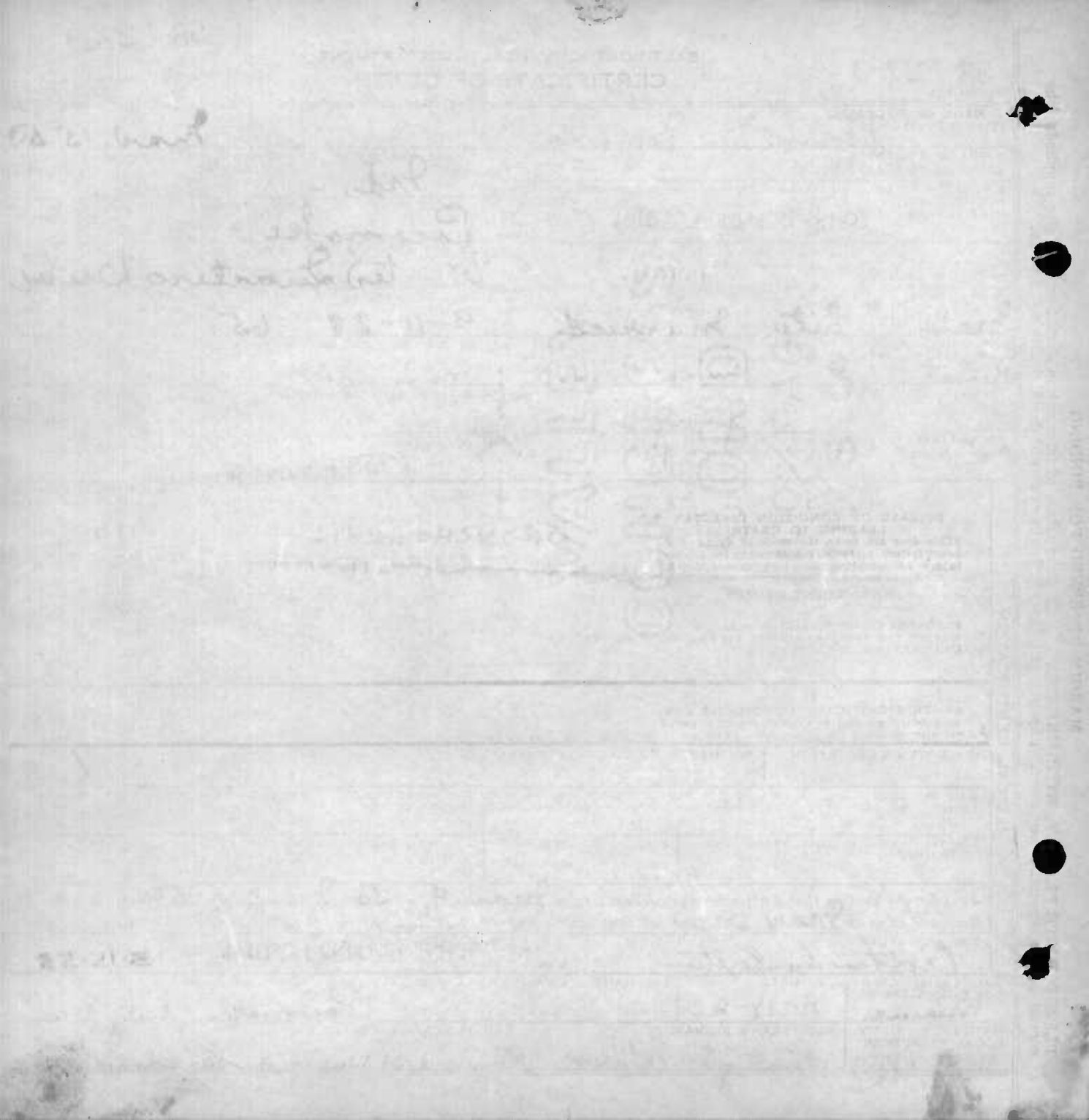
ADDRESS

Edward H. Stullard, 2503 Edmondson Ave

MAR 17 1953

VS 150

290.6P



53 2760

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2760

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Marshall

2. DATE
OF
DEATH

3-15-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

36 Franklin Square Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Horton

14-03

D. STREET ADDRESS (If rural, give location)

1926 Madison Ave

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

Black

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

B. DATE OF BIRTH

12-24-1902

9. AGE (in years
last birthday)

50

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Musician

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Walter Marshall

14. MOTHER'S MAIDEN NAME

Betty Young

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or oooooo) (If yes, give war or dates of service)

Unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Gene Marshall 1824 Madison Ave

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Edema

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) The. Empyema; adhesive pleuritis

DUE TO

(C) Broncho-Pleuro-fistula Rt. upper lobe
due to fibrocalcious TbcII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Tension Pneumothorax, Rt.

19A. DATE OF OPERATION

2-24-53

19B. MAJOR FINDINGS OF OPERATION

Advanced Tbc.

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-13, 1953, to 3-15, 1953, that I last saw the
deceased alive on 3-15, 1953, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Hinder

23B. ADDRESS

12400 E. 11th St

23C. DATE SIGNED

3-15-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 9/53

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Memorial

24D. LOCATION (City, town, or county)

Arbutus Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. L. H. Ellert

ADDRESS

Daughter

Brooklyn, N.Y. 100 March 1915

Received from Mr. J. H. [illegible]
1000 [illegible]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2761
Registered No.53 2761
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

MATH. Ida Schaffner Yaeger

2. DATE
OF
DEATH

March 15-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

714 McCabe Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

27-10

D. STREET ADDRESS (If rural, give location)

714 McCabe Ave

C. Length of stay in Baltimore

73 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 30, 1862

9. AGE (in years
last birthday)

90

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Mr

Tauben heim

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

FRANK Schaffner 714 McCabe Ave

18. 332X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Cerebral Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C) Generalized ArteriosclerosisII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1952, to Mar. 1953, that I last saw the
deceased alive on Mar. 13, 1953, and that death occurred at 7 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Wm. H. Kammer, Jr.

23B. ADDRESS

501 Sheridan Ave.

23C. DATE SIGNED

Mar. 17, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-18-53

24C. NAME OF CEMETERY OR CREMATORY

Louden Park

24D. LOCATION (City, town, or county) (State)

Baltimore

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

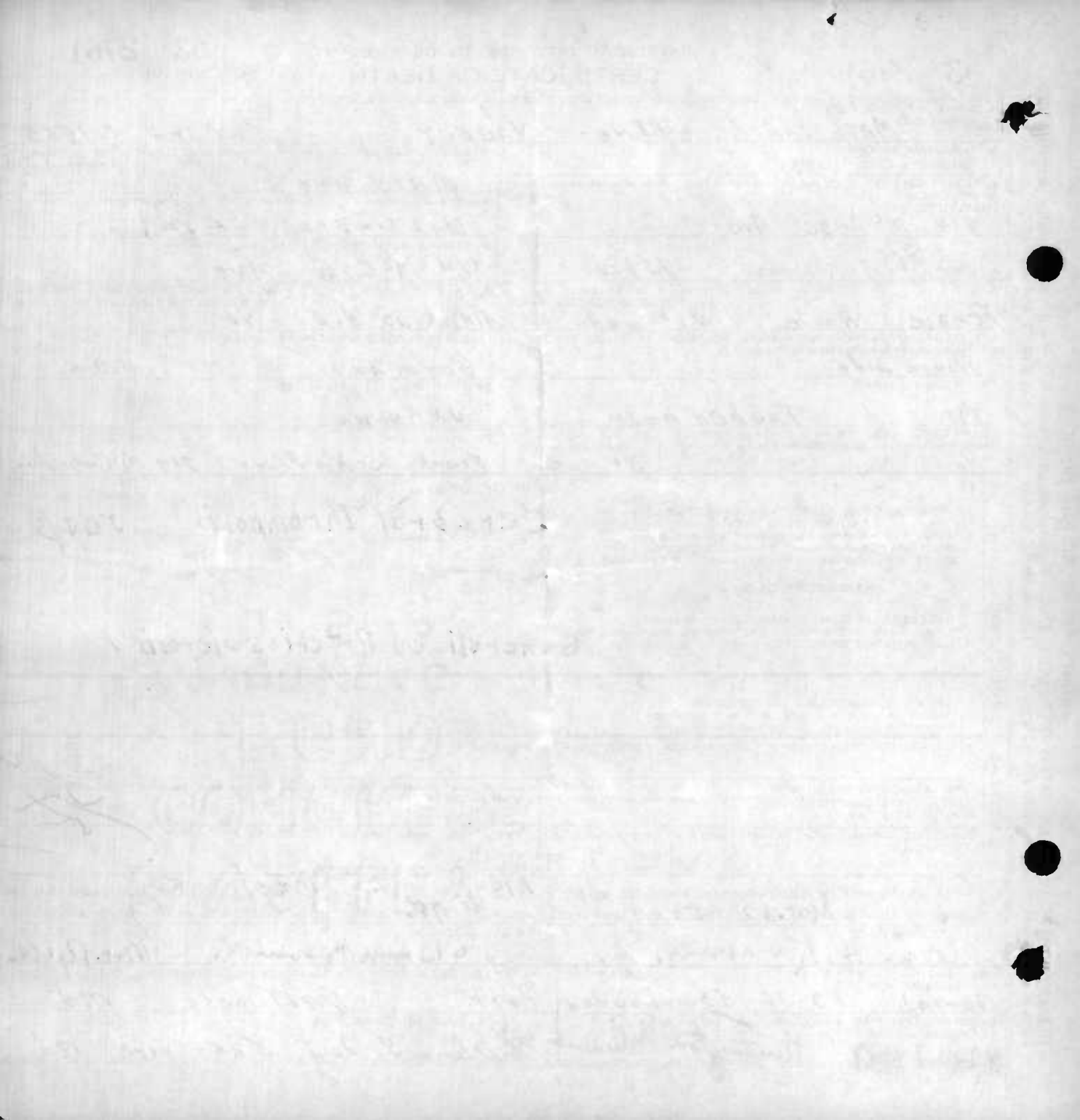
Huntington Williams, M.D. Glenn J. Seif 5209 York Rd.

25. FUNERAL DIRECTOR

ADDRESS

MAR 17 1953

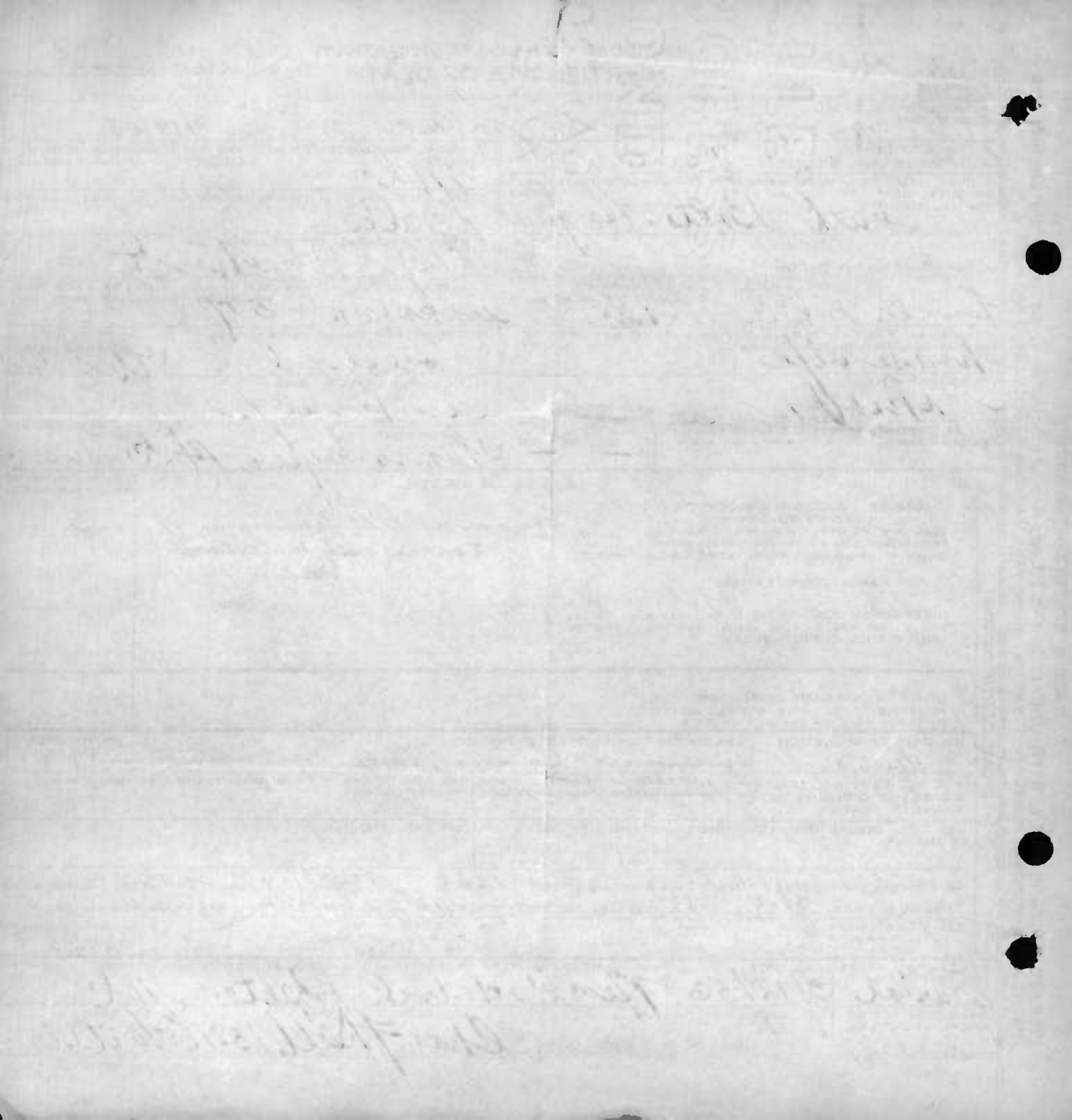
VS 150



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2762
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>MRS May Taylor</i>			2. DATE OF DEATH <i>3/14/53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>2-3-03</i>		
5. FULL NAME OF (If not in hospital or institution, give street address or location) <i>42 South Balto. Hays</i>			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>		
7. STREET ADDRESS (If rural, give location) <i>1849 S. Charles</i>			8. Yrs. Mos. Days		
c. Length of stay in Baltimore		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	8. DATE OF BIRTH <i>unknown</i>		9. AGE (In years last birthday) <i>37</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>house wife</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Ireland</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13. FATHER'S NAME <i>unknown</i>		14. MOTHER'S MAIDEN NAME <i>unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Thomas Taylor 14-57-100-5000</i>	
18. <i>141X</i> CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Squamous Cell Carcinoma of Tongue with metastasis Grade IV</i>					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>1/12/53</i>		19B. MAJOR FINDINGS OF OPERATION <i>Squamous Cell Carcinoma of Tongue with metastasis</i>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12/30</i> 19 <i>52</i> , to <i>3/14</i> 19 <i>53</i> , that I last saw the deceased alive on <i>3/14</i> 19 <i>53</i> , and that death occurred at <i>11:35</i> a. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>W. M. Conway</i>		23B. ADDRESS <i>South Balto Genl Hosp</i>		23C. DATE SIGNED <i>3/14/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/18/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Catholic Balto</i>	
24D. LOCATION (City, town, or county) (State) <i>Md.</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 17 1953</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, M. Chas. Thell 15016 to it Ave</i>	
24G. FUNERAL DIRECTOR <i>Thell 15016 to it Ave</i>		24H. ADDRESS		24I. DATE	



53 2763

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2763
Registered No.1. NAME OF DECEASED
(Type or Print)

Joshua Carter

2. DATE
OF
DEATH

March 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE Md. B. COUNTY5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

1354 N. Stockton St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)
Balto. 15-01

D. STREET ADDRESS (If rural, give location)

1354 N. Stockton St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

8/ /81

9. AGE (In years
last birthday)

71

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, or or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

?

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CARDIO VASCULAR DISEASE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) CERE BRAL HEMORRHAGE

DUE TO

(C)

12 DAYS

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 4, 1953, to Mar 15, 1953, that I last saw the
deceased alive on Mar 14, 1953, and that death occurred at 5:30 A. m., from the causes and on the date stated above.

23A. SIGNATURE

William Frey

M. O.

23B. ADDRESS

1938 Penna Ave

23C. DATE SIGNED

3/17/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/15/53

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Geo. G. Kelson 1303 Presstman St.

Geo. G. Kelson

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

DATE OF BIRTH

1900

CAUSE OF DEATH

1900

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*George Williams*2. DATE
OF
DEATH*March 15, 1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)*756 Waisake St.*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

756 Waisake St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

W.

7. SINGLE, MARRIED

Married

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

March 19, 1882

9. AGE (In years, last birthday)

70

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired)

Lab.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Williams Sr.

14. MOTHER'S MAIDEN NAME

Sarah Berry

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Rachel Williams

ADDRESS

*Waisake St. 756*18. *331X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertension

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK

☐

NOT WHILE AT WORK

☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb 5*, 19*53*, to *March 15* 19*53*, that I last saw the deceased alive on *March 14* 19*53*, and that death occurred at *9:00* A.M., from the causes and on the date stated above.

23A. SIGNATURE

William Danner

M. D.

23B. ADDRESS

253 Geor. St.

23C. DATE SIGNED

3/17/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 19, 1953

24C. NAME OF CEMETERY OR CREMATORY

W.T. Culham Am. Balto.

24D. LOCATION (City, town, or county)

Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

322 N. Schroeder St.

MARCH 17, 1953

97099

UNITED STATES DEPARTMENT OF HEALTH
CENTRE FOR DISEASE CONTROL

1. NAME (Last, first, middle initial)

2. SEX

3. AGE

4. RACE

5. OCCUPATION

6. ADDRESS

7. CITY

8. STATE

9. ZIP CODE

10. DATE

11. SIGNATURE

12. PRINTED NAME

13. TITLE

14. INSTITUTION

15. ADDRESS

16. CITY

17. STATE

18. ZIP CODE

19. DATE

20. SIGNATURE

21. PRINTED NAME

22. TITLE

23. INSTITUTION

24. ADDRESS

25. CITY

26. STATE

27. ZIP CODE

28. DATE

29. SIGNATURE

30. PRINTED NAME

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Hill

2. DATE
OF
DEATH

3-14-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

763 W. Pratt St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 7, 1905

9. AGE (In years
last birthday)

47

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Johnson

14. MOTHER'S MAIDEN NAME

Janie Queen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown (If you give war or dates of service))

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Elder Hill 763 W. Pratt St.

ADDRESS

18. 023X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Syphilitic Cardiovascular

ANTECEDENT CAUSES

(B) Discos =

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C) Aneurysm

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an _____ thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Upchurch

M.D.

23B. CHIEF MEDICAL EXAMINER..... ☐ASSISTANT MEDICAL EXAMINER..... ☒MEDICAL INVESTIGATOR..... ☐

23C. DATE SIGNED

3-15-53

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

Burial

24B. DATE

3/19/1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem.

24D. LOCATION (City, town, or county)

Cedar Hill

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

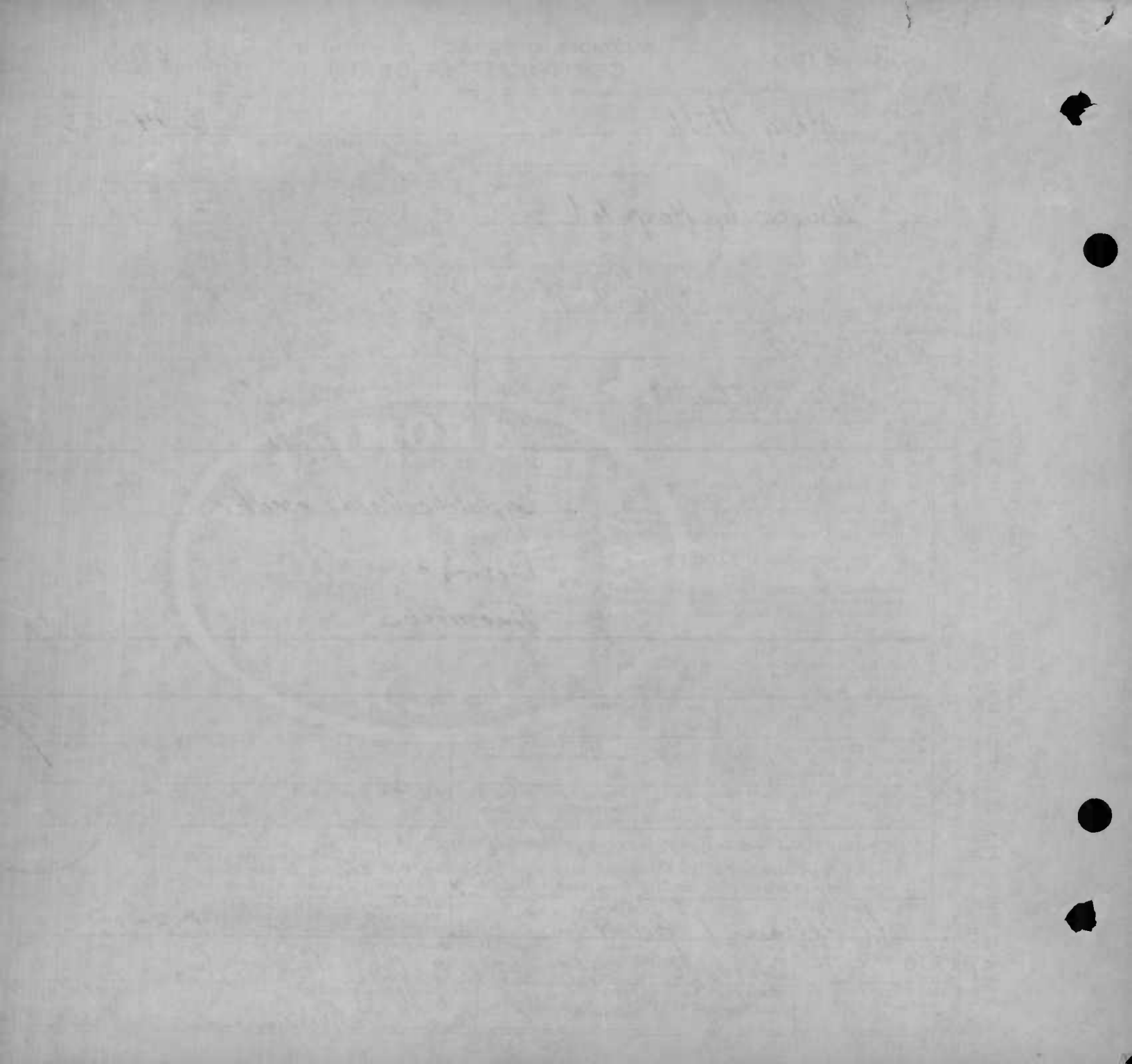
William Upchurch, M.D.

25. FUNERAL DIRECTOR

Mrs. Katie P. Williams

ADDRESS

322 N. Schreder St.



M-220

53 2766

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2766

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elonzo Moses

2. DATE
OF
DEATH

Mar. 14/1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
before admission)

A. STATE

B. COUNTY

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

JOHNS HOPKINS HOSPITAL

c. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

d. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMATION ADDRESS

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☒
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-23-, 1953, 3/14/1953, that I last saw the
deceased alive on 3/14/1953 and that death occurred at 9:20 a. m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CERTIFICATE OF ADOPTION

[Faint, illegible handwritten text covering the majority of the page, likely bleed-through from the reverse side.]

RESOLVED, THAT THE BOARD OF DIRECTORS OF THE COMPANY DO hereby certify that the foregoing is a true and correct copy of the minutes of the meeting of the Board of Directors of the Company held on the 10th day of May, 1900, at New York City, New York.

WITNESSED my hand and the seal of the Company this 10th day of May, 1900.

ATTEST:

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-300
53 2767BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2767
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harry White

2. DATE
OF
DEATH

3-14-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

B. FULL NAME OF HOSPITAL OR INSTITUTION (not in hospital or institution, give street address or location)

Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

322 N. Fulton Ave.

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1900

9. AGE (In years last birthday)

52

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chauffeur

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

N.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Tom White

14. MOTHER'S MAIDEN NAME

Emily Watkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Yes

W.W.I.

16. SOCIAL SECURITY NO.

17. INFORMANT'S ADDRESS
Fanning Sharp 322 N. Fulton Ave.

18. E 812.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) ...

Skull Fracture

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) Subdural Hemorrhage
(C) Contusion of Brain

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Mulberry St & Fulton Ave.

21D. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY

March 14, 1953

21E. INJURY OCCURRED WHILE AT WORK OR NOT WHILE AT WORK

WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

Pedestrian struck by auto.

22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. ...

23B. CHIEF MEDICAL EXAMINER... ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR...

23C. DATE SIGNED

3-15-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/18/1953

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National Cem.

24D. LOCATION (City, town, or county) (State)

Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

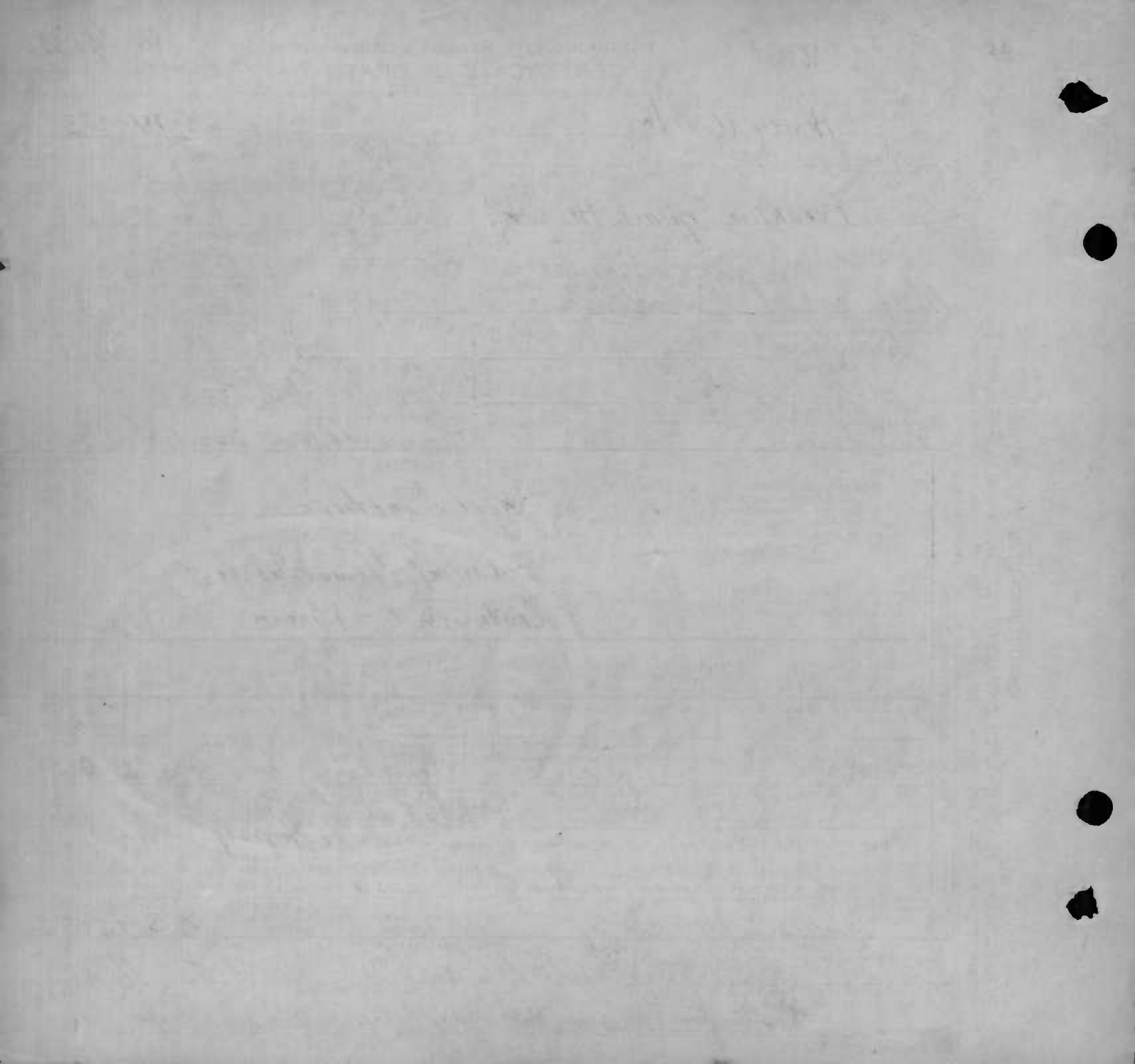
Mrs. Kate P. Williams, Schreffel St.

V.S. 151

1953

N 803.2

68352



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2768
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John J. Thompson, Sr.

2. DATE
OF
DEATH

March 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland.

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore.

D. STREET ADDRESS (If rural, give location)

1619 Ensor St.

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept 16, 1888

9. AGE (in years
last birthday)

64

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tile setter

10B. KIND OF BUSINESS OR
INDUSTRY

Md. Drydock.

11. BIRTHPLACE (State or foreign country)

Maryland.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

William Thompson.

14. MOTHER'S MAIDEN NAME

Martha Flynn.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

Genevieve Thompson, 1619 Ensor St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Sept. 6, 1952 to March 15, 1953 that I last saw the
deceased alive on March 15, 1953, and that death occurred at 6:52 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1520 E. 33rd St.

3.16.53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

March 18/53

Holy Redeemer

Belair Rd, Balto, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1953

Huntington Williams, Jr.

Austin E. Donovan - 3818 Roland
Ave.

March 15, 1953

John J. Thompson

Married

Children

1915 March 11

1918 March 11

1918

1918 March 11

Married

White

1918

1918

1918

1918

1918

1918

John J. Thompson, 1918

John J. Thompson

John J. Thompson

D-463
53 2769BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2769
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Carrie Dilworth.

2. DATE
OF
DEATH

March 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3613 Malden Ave.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

Female

White

Widow.

Sept 24, 1868

84

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

None

Maryland.

U.S.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

?

Holland.

Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Gordon Kirby, Lutherville, Md.

18.

443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 10-3, 1949, to 8-15, 1953, that I last saw the
deceased alive on 3-15, 1953, and that death occurred at 6:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

March 18/53

Woodlawn

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 17 1953 H. J. Williams, M.D. Austin E. Donovan 3818 Roland Ave

VS 150

March 12, 1935

George H. H. H.

Harvard

Belmont

2012 Walter Ave.

2012 Walter Ave.

Life

Post 24, 1935

Widow. 2012 Walter Ave.

Carlyle

Unknown

Unknown

London City. University, Ill.

Goodman, Ill.

2012 Walter Ave. 2012

AB-167766

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2770
Registered No.

BIRTH NO. 53 2770

1. NAME OF DECEASED (Type or Print) Mary Elizabeth Schilling			2. DATE OF DEATH March 16-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2-01		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 2017 Bank Street		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 28-1883		9. AGE (In years, last birthday) 69
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles Hartman (D)			14. MOTHER'S MAIDEN NAME Mary Schweinsberg		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.		

18. 171X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Primary site-Cervix Carcinomatosis resulting in Cardio respiratory Arrest			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-13- , 19 53 , to 3-16- , 19 53 , that I last saw the deceased alive on 3-16- , 19 53 , and that death occurred at 2.55P m., from the causes and on the date stated above.					
23A. SIGNATURE <i>H. C. Schilling</i>		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 3-16-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Rural		24B. DATE 3-20-53		24C. NAME OF CEMETERY OR CREMATORY Parkwood	
24D. LOCATION (City, town, or county) (State) Balto - Md		24E. FUNERAL DIRECTOR Huntington Williams & Zelen			
24F. ADDRESS 403 S. Wolfe St.					

100-10-1000

STATE OF NEW YORK
DEPARTMENT OF HEALTH

STATE OF NEW YORK
DEPARTMENT OF HEALTH

100-10-1000

N 242
FVJ 168520BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2771

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Marie Nichols			2. DATE OF DEATH March 16, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 1827 N. Duncan Street		
5. SEX F	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 31, 1900	9. AGE (In years last birthday) 53	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Adam Lang			14. MOTHER'S MAIDEN NAME Kathryn Rice		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS BCH. 4940 Eastern Ave. (records)		
18. 232X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiac Failure Due To Hypertension DUE TO (A) _____ Acute Arterial Occlusion of Artery in Brain DUE TO (B) _____ (C) _____			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION March 11, 1953		19B. MAJOR FINDINGS OF OPERATION Amputation of Left Leg		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3 - 10 - , 19 53 to 3 - 16 - , 19 53 that I last saw the deceased alive on 3 - 16 - , 19 53 , and that death occurred at 2:14 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE H. J. Williams			23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED March 16, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE Mar 19 1953	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	24D. LOCATION (City, town, or county) (State) Belair Rd.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 17 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS George L. Patterson, Park Ave.	

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

<p>1. Name of deceased</p>		<p>2. Sex</p>		<p>3. Age</p>	
<p>4. Date of death</p>		<p>5. Time of death</p>		<p>6. Place of death</p>	
<p>7. Cause of death</p>		<p>8. Immediate cause</p>		<p>9. Underlying cause</p>	
<p>10. Manner of death</p>		<p>11. Signature of physician</p>		<p>12. Signature of registrar</p>	
<p>13. Signature of informant</p>		<p>14. Signature of witness</p>		<p>15. Signature of registrar</p>	

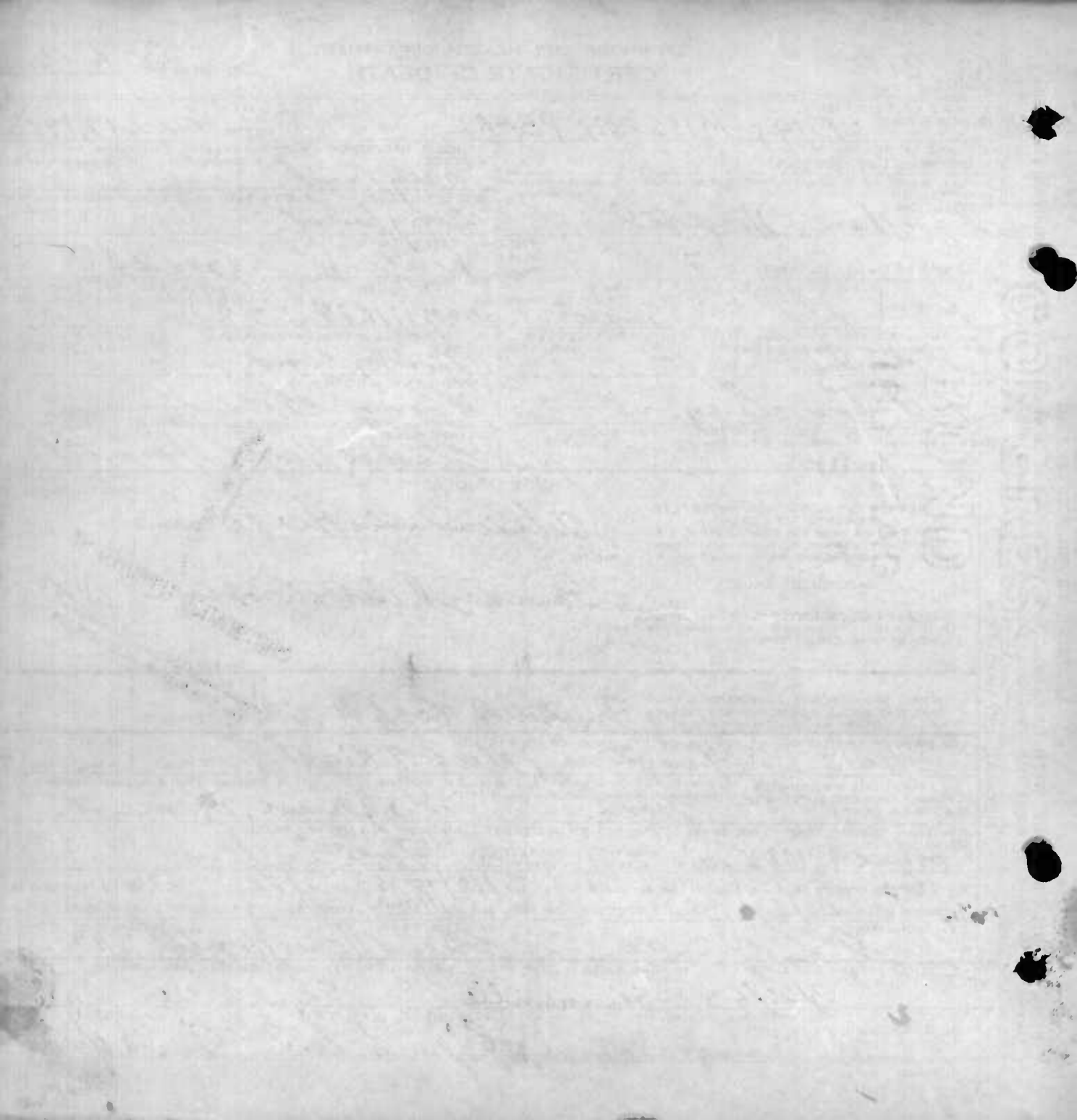
To Be Counter-Signed by Medical Examiner

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2772 BIRTH NO. 53 2772 Registered No.

1. NAME OF DECEASED (Type or Print) LEGG, MISS MAY PEARL		2. DATE OF DEATH MARCH 17, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Calvert	
B. FULL NAME OF HOSPITAL OR INSTITUTION Shore Home & Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Long Beach 5400	
C. Length of stay in Baltimore 7 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) Route 15 Box 238	
5. SEX F	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 1, 1874
9. AGE (in years last birthday) 78	10. UNDER 1 Year Months: Days	11. UNDER 24 Hours Hours: Min.	11. BIRTHPLACE (State or foreign country) Maryland
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY —	
13. FATHER'S NAME Fillmore Legg		14. MOTHER'S MAIDEN NAME Nancy Goldborough	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) —		16. SOCIAL SECURITY NO. —	
17. INFORMANT Shore Home Hospital		ADDRESS —	
18. E903.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Atherosclerotic Heart Disease DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Gravid Atherosclerosis DUE TO		CERTIFICATION APPROVED BY William H. D. M.D. MAY 17 1953 MEDICAL EXAMINER	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Fracture of Neck of Right Femur			
19A. DATE OF OPERATION 3/12/53	19B. MAJOR FINDINGS OF OPERATION Fracture of Neck of Right Femur		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Long Beach, Maryland	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY MARCH 9, 1953 2:00 PM	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Fall to floor	
22. I hereby certify that I attended the deceased from 3/10/53 , 1953, to 3/17 , 1953, that I last saw the deceased alive on 3/12 , 1953, and that death occurred at 11:05 PM , from the causes and on the date stated above.			
22A. SIGNATURE Edward F. Hansen M.D.		22B. ADDRESS Shore Home Hospital	
23A. DATE SIGNED 3/17/53			
24A. (BURIAL) CREMATION, REMOVAL (Specify) —	24B. DATE 3/20/53	24C. NAME OF CEMETERY OR CREMATORY Stevensville	24D. LOCATION (City, town, or county) (State) Stevensville Md
DATE RECEIVED BY LOCAL REGISTRAR MAR 17 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Edgar S. Lane ADDRESS Church Hill Md.	

VS 150
MAR 17 1953 N 820.0



53 2773

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2773
Registered No.

1. NAME OF DECEASED (Type or Print) *Lucia Virginia Habbersett*

2. DATE OF DEATH *March 17, 1953*

3. PLACE OF DEATH:
A. Baltimore City, Maryland *2601 Roslyn Ave*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *md.* B. COUNTY *Baltimore*

5. FULL NAME OF HOSPITAL OR INSTITUTION *"Kenesaw Home"*

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-38

7. STREET ADDRESS (If rural, give location)
2601 Roslyn Ave

8. LENGTH OF STAY IN BALTIMORE *Life*

9. SEX *Female* 10. COLOR OR RACE *White*

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Widowed*

12. DATE OF BIRTH *March 6, 1861*

13. AGE (in years, last birthday) *92*

14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *None*

15. KIND OF BUSINESS OR INDUSTRY *None*

16. BIRTHPLACE (State or foreign country) *Balto. Md.*

17. CITIZEN OF WHAT COUNTRY? *U.S.*

18. FATHER'S NAME *William Crook*

19. MOTHER'S MAIDEN NAME *Caroline Fowler*

20. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) *No*

21. SOCIAL SECURITY NO. *No*

22. INFORMANT *Lucia V. Habbersett (Reynoldiah Bell)*

23. ADDRESS *108 W. North*

18. *422.1* I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Chronic myocarditis with pulmonary edema*

19. ANTECEDENT CAUSES

(B) *Arterio. Sclerosis*

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0* 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1925*, to *March 17, 1953*, that I last saw the deceased alive on *March 14, 1953*, and that death occurred at *8:45 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE *Orlinda Stewart* 23B. ADDRESS *6 S. Read St.* 23C. DATE SIGNED *3/17/53*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *March 19, 1953* 24C. NAME OF CEMETERY OR CREMATORY *Greenmount* 24D. LOCATION (City, town, or county) (State) *Balto. Md.*

DATE RECEIVED BY LOCAL REGISTRAR *MAR 17 1953* REGISTRAR'S SIGNATURE *Huntington Williams* 25. FUNERAL DIRECTOR *Stewart-Morris* ADDRESS *108 W. North*

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age especially important. Physicians: please write the causes of death clearly and legibly.

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2774

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

YEN LEW-LEUYON-LIN YON

2. DATE
OF
DEATH

3/15/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

17-02

D. STREET ADDRESS (If rural, give location)

1306 Penna. Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Chinese

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

about 7905

9. AGE (In years,
last birthday)

48

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Restaurateur

10B. KIND OF BUSINESS OR
INDUSTRY

Restaurant

11. BIRTHPLACE (State or foreign country)

? -

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lini Hok Peng

14. MOTHER'S MAIDEN NAME

Yee-Shee (?)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

217-22-8478

17. INFORMANT

Robert Lew, 320 Park Ave, City #1.

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Myocardial Infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

Pulmonary Infarction

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/9/53, 19__, to 3/15/53, 19__, that I last saw the
deceased alive on 3/15/53, 19__, and that death occurred at 6:40 Pm., from the causes and on the date stated above.

23A. SIGNATURE

J. W. Decker

23B. ADDRESS

Univ. Hosp

23C. DATE SIGNED

3/16

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar/19/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cemetery

24D. LOCATION (City, town, or county)

Woodlawn, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 17 1953 H. Stewart + Mowen Co. 108 W. North Ave
City #1.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2775

BIRTH NO. 53 2775
53-07268

1. NAME OF DECEASED (Type or Print) <u>Baby Boy McCartin</u>			2. DATE OF DEATH <u>8.16.1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md</u> B. COUNTY <u>26-34</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Lutheran Hosp. of Md.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore <u>Life</u> Yrs. Mos. Days			O. STREET ADDRESS (If rural, give location) <u>1054 Brimstead Way</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u>	8. DATE OF BIRTH <u>3.16.1953</u>		9. AGE (In years last birthday) <u>12</u> Months <u>25</u> Days <u>25</u> Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Md</u>	
13. FATHER'S NAME <u>Kenneth Joseph McCartin</u>			14. MOTHER'S MAIDEN NAME <u>Rhoda Irene Crabill</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Kenneth McCartin Jr.</u> ADDRESS <u>Balto Md.</u>	

18. <u>750X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Congenital abnormality (acephalus)</u>			CAUSE OF DEATH <u>(acephalus)</u>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(A) DUE TO			(B) DUE TO		
(C)								
19A. DATE OF OPERATION <u>0</u>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>3.16.</u> , 19 <u>53</u> , to <u>3.16.</u> , 19 <u>53</u> that I last saw the deceased alive on <u>3.16.</u> , 19 <u>53</u> , and that death occurred at <u>6:00</u> p.m., from the causes and on the date stated above.								
23A. SIGNATURE <u>August Soosaar</u>			23B. ADDRESS <u>Lutheran Hospital of Md.</u>			23C. DATE SIGNED <u>3.17.53</u>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>3-18-1953</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Good Shepherd</u>		24D. LOCATION (City, town, or county) <u>Chicco City</u>		(State) <u>Md</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 17 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>J.C. Higginbotham</u>		ADDRESS <u>Chicco City Md</u>		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct address is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
FEDERAL BUREAU OF INVESTIGATION
DEPARTMENT OF JUSTICE

DATE OF BIRTH

DATE OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

CAUSE OF DEATH

DIAGNOSIS

DISPOSITION

TESTS

REMARKS

SIGNATURE

DATE

PLACE

TIME

WITNESSES

REMARKS

TESTS

REMARKS

SIGNATURE

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PLACE

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TIME

WITNESSES

REMARKS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2776

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

C. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from Sept 1952, to Mar 15, 1953, that I last saw the
deceased alive on Mar 14, 1953, and that death occurred at 6:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2777
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 442X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Sensitivity

3 weeks

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 14, 1952 to March 15, 1953 that I last saw the
deceased alive on March 15, 1953 and that death occurred at 7:00 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

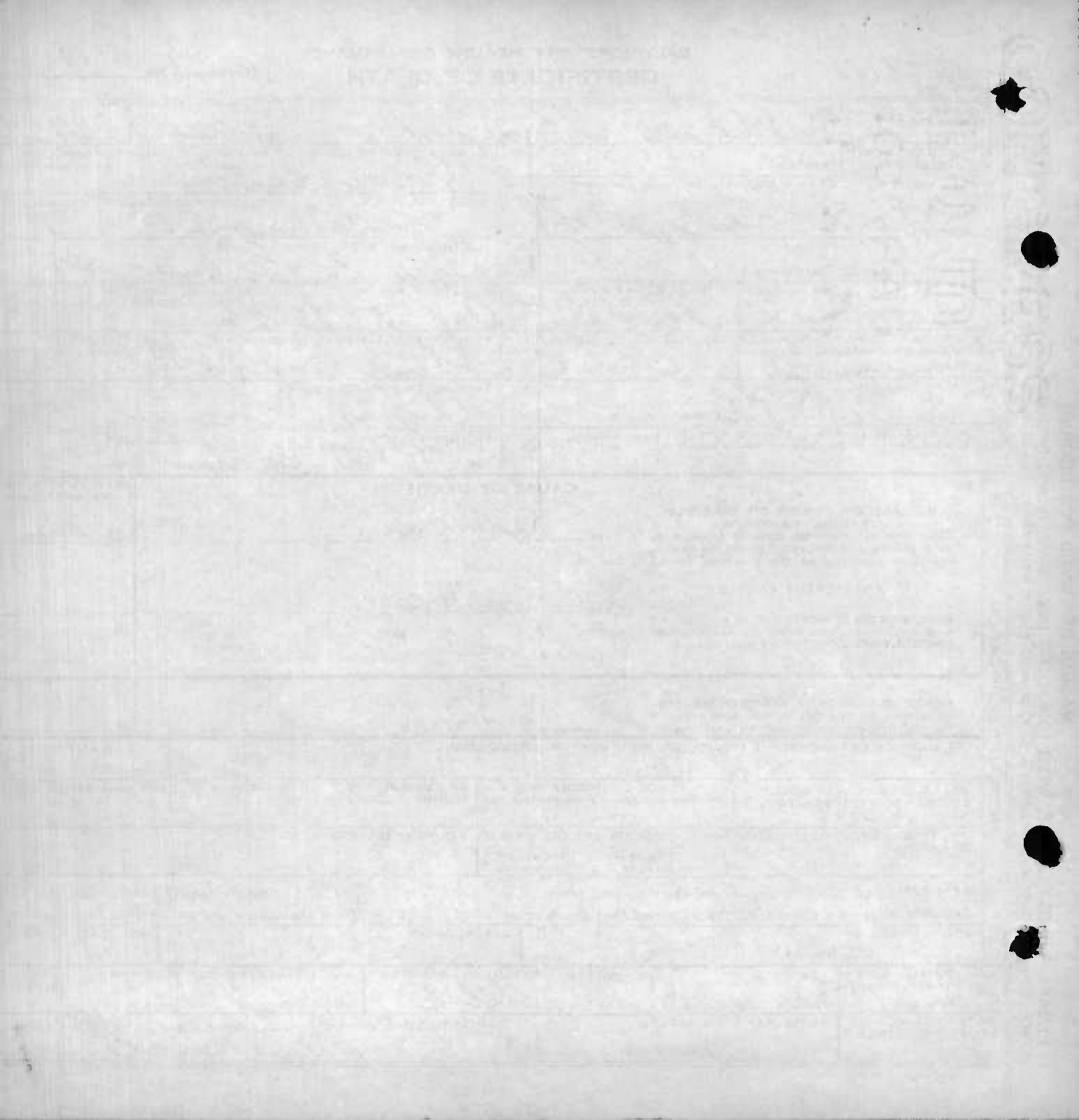
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2778
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Wilbur Collins

2. DATE
OF
DEATH

March 16, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MD.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore, Md. township)

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1621 E. Oliver St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

6/18/1886

9. AGE (In years
last birthday)

66

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

SHEET METAL WORK

10B. KIND OF BUSINESS OR
INDUSTRY

B. & O. R.R.

11. BIRTHPLACE (State or foreign country)

HANCOCK, MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

NOT KNOWN

14. MOTHER'S MAIDEN NAME

NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.

705-05-3567

17. INFORMANT

ADDRESS

EDITH M. NORRIS (WIFE) 1621 E. OLIVER ST.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Occlusion

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on 3-16-53, and that death occurred at 8:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. M. Koger

M. D.

23B. ADDRESS

1400 N. Caroline St.

23C. DATE SIGNED

3-16-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

3/19/1953

24C. NAME OF CEMETERY OR CREMATORY

PARKWOOD CEMT. BALTO.

24D. LOCATION (City, town, or county)

(State)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 17 1953 H. H. Williams, M.D.

Clarence F. H. H. Williams 1639 N. BROADWAY

VS 150

59/50

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2779BIRTH NO. 53 2779

1. NAME OF DECEASED (Type or Print) <u>George F. Schmiat</u>			2. DATE OF DEATH <u>March 16 '53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Ind.</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Maryland General Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
C. Length of stay in Baltimore <u>4 1/2</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>5129 O'Donnell St.</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE <input checked="" type="checkbox"/> MARRIED WIDOWED <input type="checkbox"/> DIVORCED (Specify)	8. DATE OF BIRTH <u>Jan. 3 '1895</u>		9. AGE (in years last birthday) <u>58</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STONE-CUTTER</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>MEMORIAL STONES</u>	11. BIRTHPLACE (State or foreign country) <u>Ind.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13. FATHER'S NAME <u>George Schmiat</u>			14. MOTHER'S MAIDEN NAME <u>Kuninunga</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT <u>MARIE C. SCOTT (WIFE)</u>		
			ADDRESS <u>5129 O'DONNELL</u>		ST. <u>ST.</u>

18. <u>464 X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Generalized arteriosclerosis</u> DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Thrombophlebitis</u> DUE TO <u>Pulmonary embolism</u>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>Jan. 30, 1953</u> , to <u>Mar. 16, 1953</u> , that I last saw the deceased alive on <u>Mar. 16, 1953</u> , and that death occurred at <u>7:35 A.M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Spc. Jui Lin</u>		23B. ADDRESS <u>Ind. General Hospital</u>		23C. DATE SIGNED <u>Mar. 16 '53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <u>3/20/53</u>	24C. NAME OF CEMETERY OR CREMATORY <u>OAK LAWN CEMT.</u>		24D. LOCATION (City, town, or county) (State) <u>BALTO. CO. MD.</u>	
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR <u>Clarence F. Hoffmann</u>		
		ADDRESS <u>1639 Broadway</u>			

53 2780

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2780
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Hoffman

2. DATE
OF
DEATH

March 16, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

MD.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

SINAI HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTO.

D. STREET ADDRESS (If rural, give location)

1621 E. OLIVER ST.

c. Length of stay in Baltimore

LIFE

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Nov. 29, 1892

9. AGE (in years

last birthday)

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

60

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

PIPE-COVERER

10B. KIND OF BUSINESS OR
INDUSTRY

WALLACE & GALE

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

HENRY F.H. HOFFMAN

14. MOTHER'S MAIDEN NAME

LAURA E. BENTZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.

215-03-8173

17. INFORMANT

ADDRESS

HARRY HOFFMAN 4348 BERGER AVENUE.

18. 163X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

CAUSE OF DEATH

Pulmonary edema

Carcinoma of lung

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/16, 1953 to 3/16, 1953, that I last saw the
deceased alive on 3/16, 1953, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles Hoffman

23B. ADDRESS

Sinai Hosp.

23C. DATE SIGNED

3/16/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

3/20/53

24C. NAME OF CEMETERY OR CREMATORY

PARKWOOD CEMET.

24D. LOCATION (City, town, or county) (State)

BALTO.

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

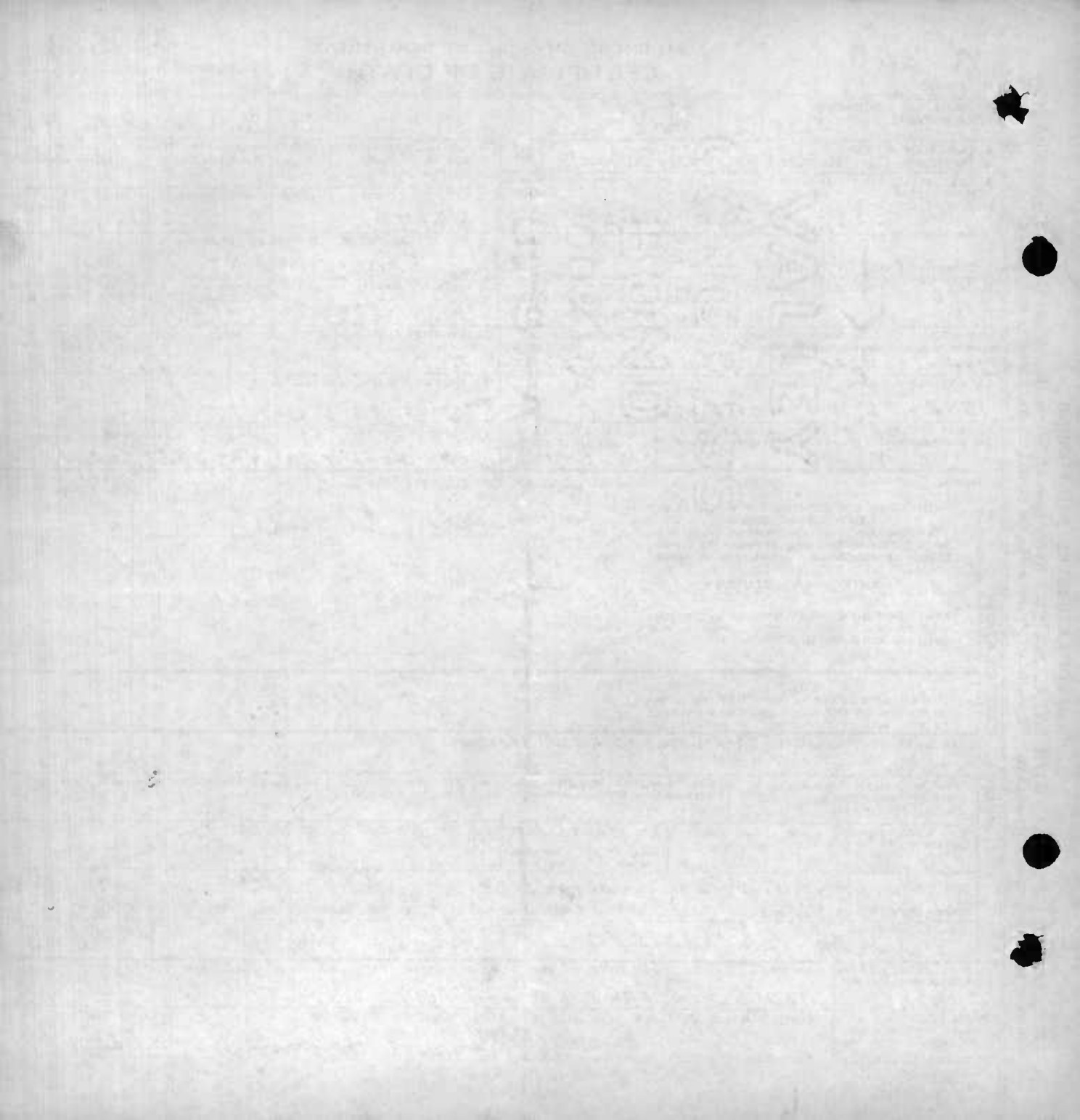
REGISTRAR'S SIGNATURE

Huntington Hall

25. FUNERAL DIRECTOR

ADDRESS

Clarence F. Hoffmann 1639 N. BROADWAY



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2781
Registered No.

53 2781

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FLORIDA E. CHARPENTIER

2. DATE
OF
DEATH

3-16-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

1910 Homewood Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto.

D. STREET ADDRESS (If rural, give location)

1910 Homewood Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (In years
last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Matron

10B. KIND OF BUSINESS OR
INDUSTRY

Montrose School

11. BIRTHPLACE (State or foreign country)

Canada

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

ADDRESS

Mrs. John Machen-1541 Northgate Rd

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

CORONARY ARTERY THROMBOSIS

9 HRS.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

CORONARY ARTERIO SCLEROSIS

5 YES.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1947, to MAR. 16, 1953, that I last saw the
deceased alive on MAR. 15, 1953, and that death occurred at 6 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

6331 Belair Road (C)

3/17/1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-20-53

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart Cem.

24D. LOCATION (City, town, or county) (State)

New Bedford, Mass.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

STATE OF NEW YORK
DEPARTMENT OF HEALTH

DEATH OF CHADWICK

ATTEST: _____

WITNESSES: _____

DEATH OF CHADWICK

ATTEST: _____

WITNESSES: _____

DEATH OF CHADWICK

ATTEST: _____

WITNESSES: _____

53 2782

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2782

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MISS ANASTASIA E. CONLON

2. DATE
OF
DEATH

16 Mar. 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE
MarylandB. COUNTY
before admission)B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2733 N. Charles St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

12-06

D. STREET ADDRESS (If rural, give location)

2733 N. Charles Street

c. Length of stay in Baltimore

Life Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept 1, 1879

9. AGE (In years;
last birthday)

73

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Andrew J. Conlon

14. MOTHER'S MAIDEN NAME

Catherine M. Coogan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Katharine Conlon 2733 N. Charles St.

18. 443X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A) Cerebral Vascular accident
DUE TO massive, with left hemiplegia
and fatal outcome.
(B) Hypertension, malignant.
DUE TO Marked arteriosclerosis.
(C) Degenerative C. V. DiseaseINTERVAL BETWEEN
ONSET AND DEATH

8 hours

Years

MEDICAL CERTIFICATION

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1946 to 16 March, 1953 that I last saw the
deceased alive on 16 Mar., 1953, and that death occurred at 5:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph E. Muse Jr. M. D.

23B. ADDRESS

5 West 29th St. Balt. 18

23C. DATE SIGNED

16 Mar 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar 19, 1953

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Maryland.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

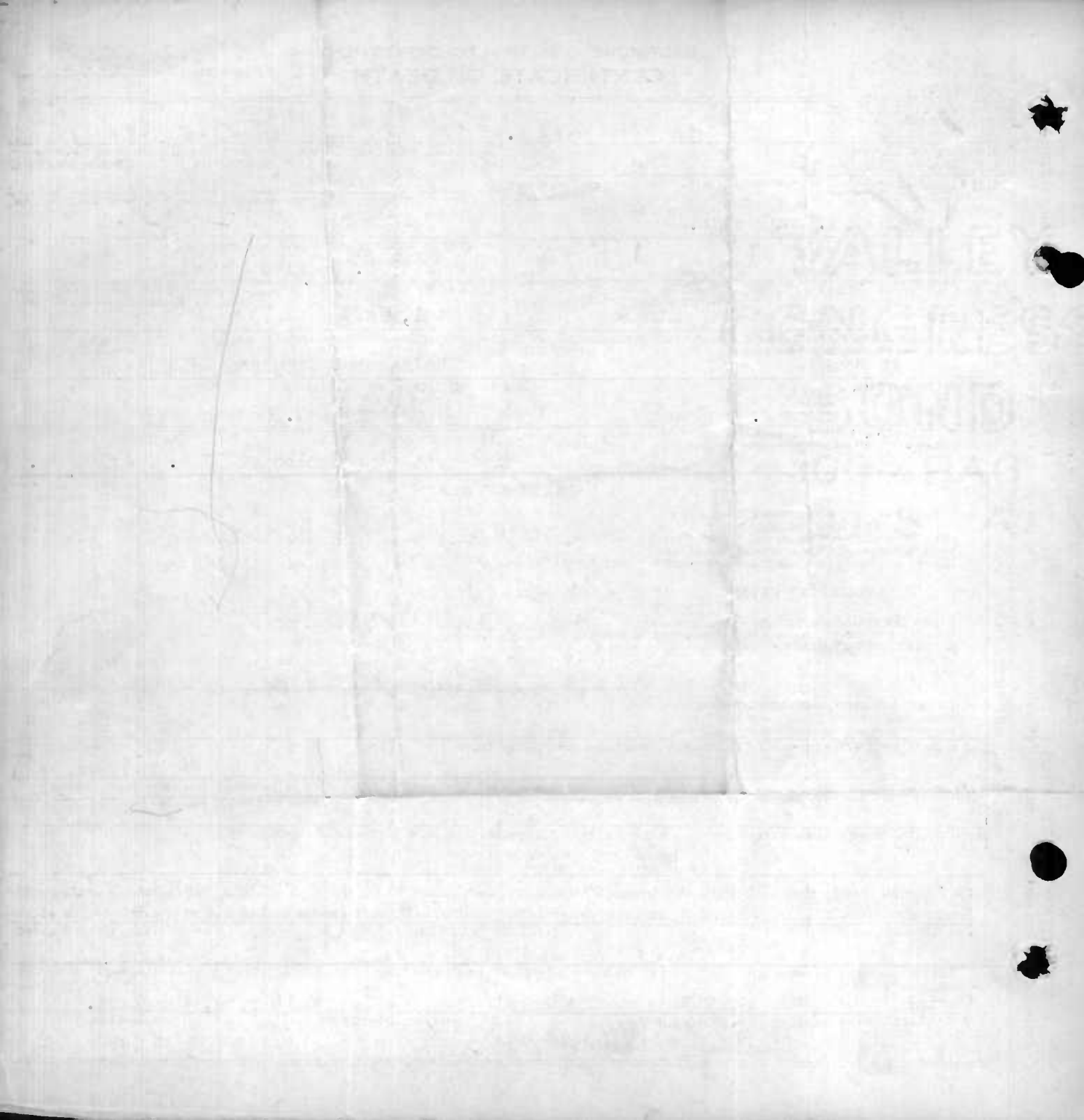
Huntington Williams, M.D. H. W. Williams, P.O. Box 805 N. Calvert St.

25. FUNERAL DIRECTOR

ADDRESS

MAR 17 1953

VS 150



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2783
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN C. MORGAN (BORN JOHN C. KESSLER)

2. DATE
OF
DEATH

MARCH 13, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION(If not in hospital or institution, give street address or location)
VA HOSPITAL
BALTIMORE 18, MD.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
a. STATE before admission)

MARYLAND

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

d. STREET ADDRESS (If rural, give location)

CENTRAL HOTEL, FAYETTE & PACA STS.

c. Length of stay in Baltimore

4 YEARS

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

DIVORCED

8. DATE OF BIRTH

8/31/1900

9. AGE (In years
last birthday)

52

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RETIRED SOLDIER

10b. KIND OF BUSINESS OR
INDUSTRY

U.S. ARMY

11. BIRTHPLACE (State or foreign country)

MT. CARMEL, PA.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

BENJAMIN F. KESSLER

14. MOTHER'S MAIDEN NAME

TILLIE McCLAITA

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

YES

3/11/26 - 11/30/46

16. SOCIAL
SECURITY NO.
UNKNOWN

17. INFORMANT

VA HOSPITAL RECORDS

ADDRESS

VAH, BALTO., MD.

18. 002X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) PULMONARY TUBERCULOSIS, CHRONIC, FAR
ADVANCED, ACTIVE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

14 YEARS

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

VA

21e. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/8, 1953, to 3/13, 1953, and that death occurred at 3:41 p.m., from the causes and on the date stated above.

23a. SIGNATURE

Dr. John T. V. G. G. G.

23b. ADDRESS

VAH, BALTIMORE 18, MD.

23c. DATE SIGNED

3/13/53

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

3-17-53

24c. NAME OF CEMETERY OR CREMATORY

Grington Nat'l

24d. LOCATION (City, town, or county)

St. Myer, Va

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mildred J. Blight, 6009 Hayford R

ADDRESS

Shipped to W. H. Chambers Co.
59591 Wash. D. C.

DEPARTMENT OF HEALTH
CITY OF BOSTON
BUREAU OF VITAL RECORDS
BOSTON, MASS.
JAN 1 1900

NAME

AGE

SEX

DATE

TIME

PLACE

CAUSE

DIAGNOSIS

TREATMENT

PROGNOSIS

REMARKS

SIGNATURE

DATE

TIME

PLACE

CAUSE

DIAGNOSIS

TREATMENT

PROGNOSIS

REMARKS

SIGNATURE

DATE

TIME

PLACE

CAUSE

DIAGNOSIS

TREATMENT

PROGNOSIS

REMARKS

SIGNATURE

DATE

TIME

PLACE

CAUSE

DIAGNOSIS

TREATMENT

53 2784

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2784
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARINA KAVALOU

2. DATE
OF
DEATH

MARCH 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

SOUTH BALTIMORE GENERAL HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto 23-02

D. STREET ADDRESS (If rural, give location)

1337 Patapsco St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

1878

9. AGE (In years
last birthday)

73

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Pawel

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Leon Kalow 1337 Patapsco Ave

18. 443X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

CAUSE OF DEATH

CEREBRAL HEMORRHAGE

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

5 HOURS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) HYPERTENSIVE CARDIO-VASCULAR
DISEASE

UNDETERMINED

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 17, 1952, to March 17, 1953 that I last saw the
deceased alive on March 17, 1953, and that death occurred at March 17, 1953, from the causes and on the date stated above.

23A. SIGNATURE

N. M. Conway

23B. ADDRESS

M. D.

South Balto Genl Hosp

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar 17 - 1953

24C. NAME OF CEMETERY OR CREMATORY

Toma Michailouski

24D. LOCATION (City, town, or county)

Millvale N. J.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Wm. S. Fialkowski 2007 Eastern Ave

25. FUNERAL DIRECTOR

ADDRESS

MAR 18 1953

VS 150

WALTER
C. BOND
BOND

53 2785

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2785
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ISADORE JACOBS

2. DATE
OF
DEATH

3/17/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

SINAI HOSP.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Atlanta

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

merchant

10B. KIND OF BUSINESS OR
INDUSTRY

Gen. mds.

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph

14. MOTHER'S MAIDEN NAME

Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Lebbie Jacobs -

ADDRESS

same

18. 022X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Ruptured Aortic Aneurysm

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/17, 1953 to 3/17, 1953 that I last saw the
deceased alive on 3/17, 1953, and that death occurred at 10:10 pm, from the causes and on the date stated above.

23A. SIGNATURE

Sam Ballal

M. D.

23B. ADDRESS

Sinai Hosp

23C. DATE SIGNED

3/17/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

3-18-53

24C. NAME OF CEMETERY OR CREMATORY

Greenwood

24D. LOCATION (City, town, or county)

Atlanta Ga

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

March 8 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis

ADDRESS

2100 Canton Pl

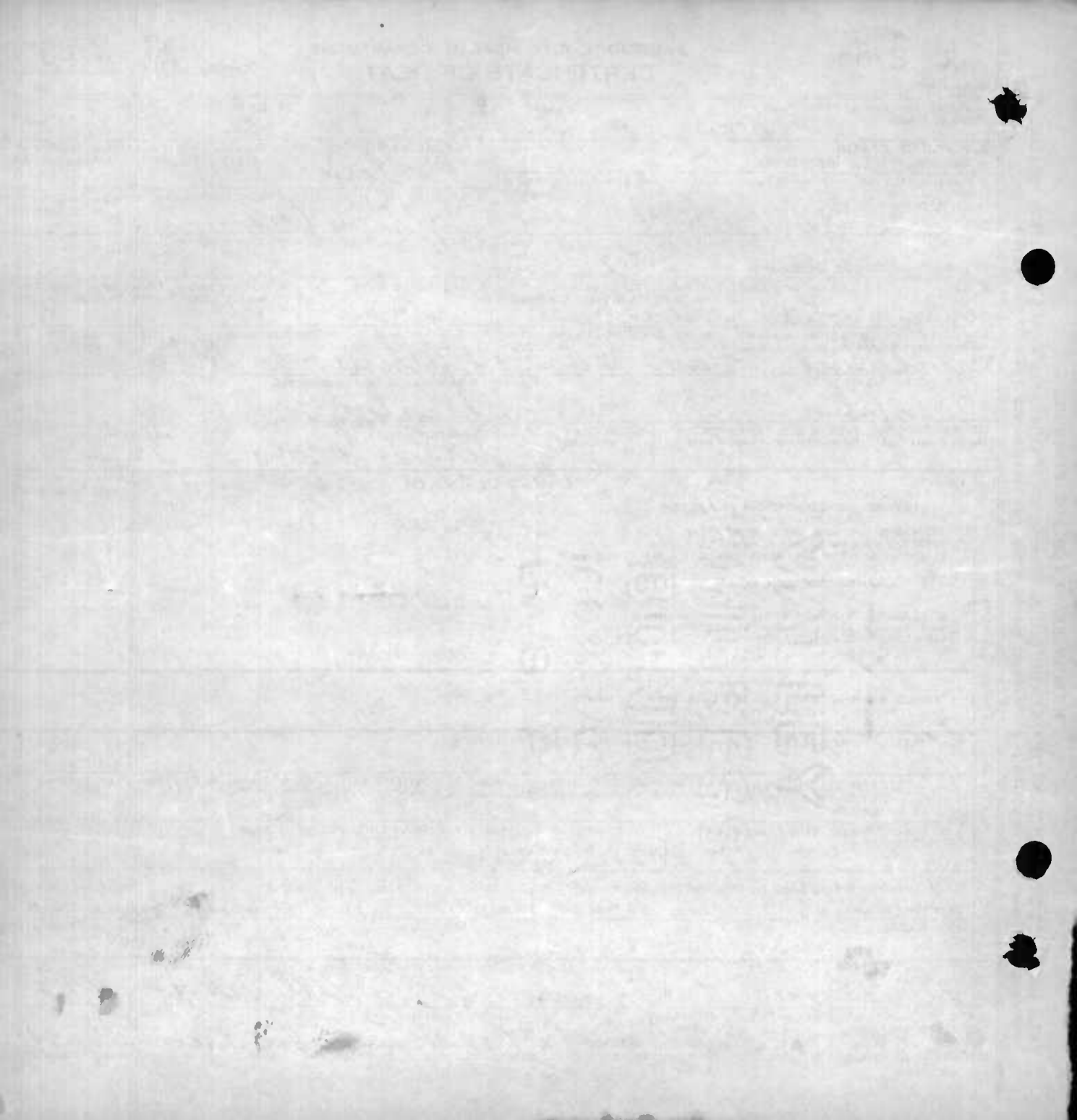
VS 150

2906A

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct address is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2786BIRTH NO. 53 27861. NAME OF DECEASED
(Type or Print)SARAH GLASSMAN2. DATE
OF
DEATHMAR. 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Md B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION2819 Ridgewood AveC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)Baltimore 15-13

D. STREET ADDRESS (If rural, give location)

2819 Ridgewood Ave

c. Length of stay in Baltimore

40Yrs.
Moor
Days

5. SEX

Female white

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)married

8. DATE OF BIRTH

9. AGE (In years
last birthday)59

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)House wife10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTH PLACE (State or foreign country)

Russia12. CITIZEN OF
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

Harry

14. MOTHER'S MAIDEN NAME

Paula15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)NO16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Louis Glassman - Same

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Acute Myocardial InfarctionINTERVAL BETWEEN
ONSET AND DEATH1 hr.

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1952 to March 17, 1953, that I last saw the
deceased alive on 3-10, 1953, and that death occurred at 3:48 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Lepman Schupf

23B. ADDRESS

4013 Fairbairn Rd

23C. DATE SIGNED

3-17-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Burial 3-18-53

24C. NAME OF CEMETERY OR CREMATORY

Mt Carmel

24D. LOCATION (City, town, or county)

Balto, MdDATE RECEIVED BY
LOCAL REGISTRAR

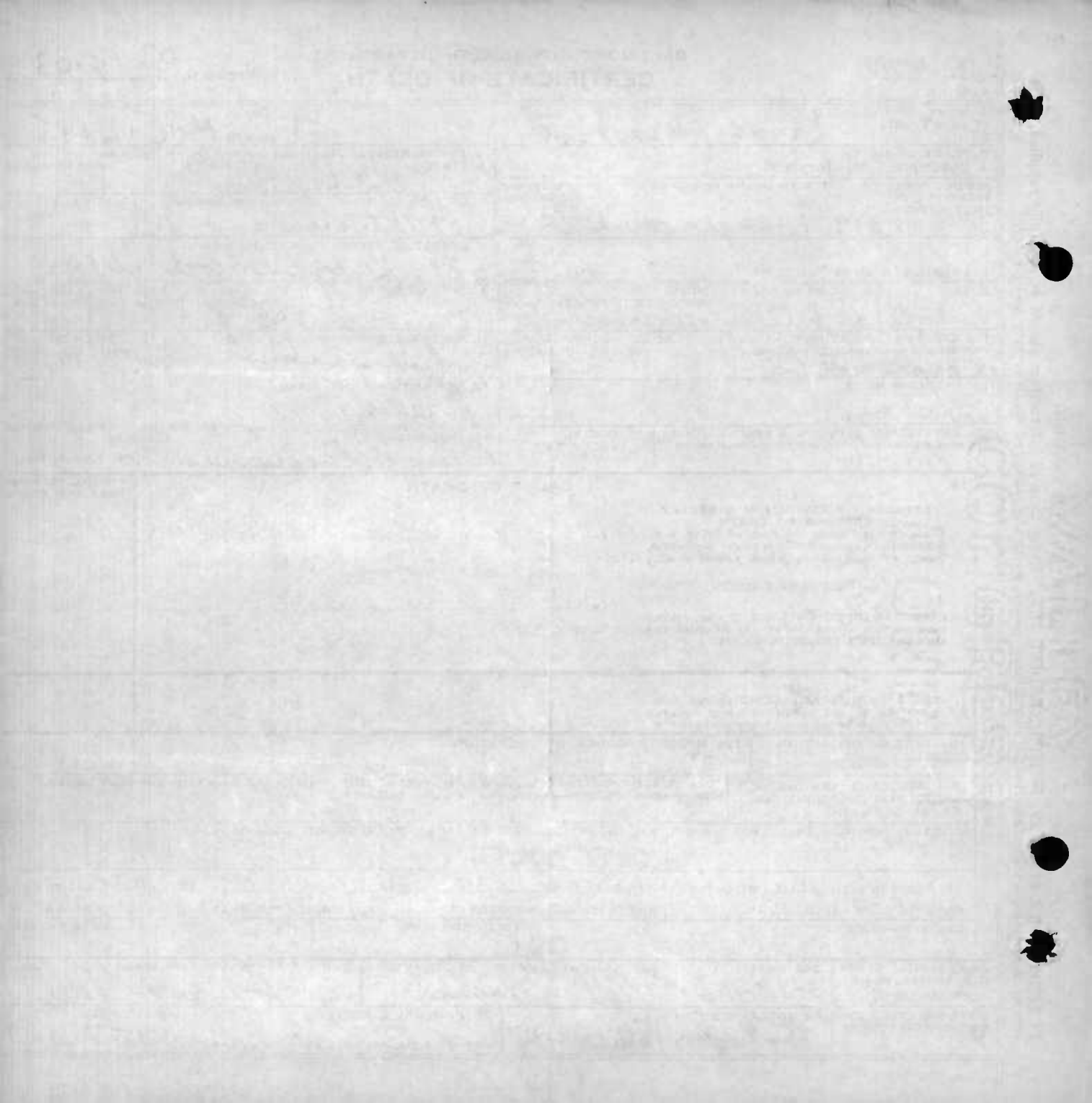
REGISTRAR'S SIGNATURE

Huntington Williams, My Jack Lewis

25. FUNERAL DIRECTOR

ADDRESS

2100 Cutters Pl



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 2787**

BIRTH NO.

 1. NAME OF DECEASED
(Type or Print)

MARY LENSON

 2. DATE
OF
DEATH

3-17-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

 4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE **Md** B. COUNTY

 5. FULL NAME OF
HOSPITAL OR
INSTITUTION

2176 Hollins St

 C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 20-04

D. STREET ADDRESS (If rural, give location)

2176 Hollins St

c. Length of stay in Baltimore

35

5. SEX

FEMALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

MARRIED

8. DATE OF BIRTH

11-6-1895

 9. AGE (In years
last birthday)

57

 10. Under 1 Year
Months: Days:

 11. Under 24 Hours
Hours: Min.

 10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

 10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Md

 12. CITIZEN OF
WHAT COUNTRY?

None

13. FATHER'S NAME

Joseph Thomas

14. MOTHER'S MAIDEN NAME

Ada Ridgeway

 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

 16. SOCIAL
SECURITY NO.

None

17. INFORMANT

CHARLES A. LENSON 2176 Hollins St

ADDRESS

 18. **193X**

CAUSE OF DEATH

 DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

 (A) **Thrombosis of Brain**

DUE TO

 INTERVAL BETWEEN
ONSET AND DEATH

3 yrs.

ANTECEDENT CAUSES

 DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

 OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☐ NO ☒

 21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

 21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

 21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

 21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

 21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

 22. I hereby certify that I attended the deceased from **7-24-1950** to **March 17, 1953** that I last saw the
deceased alive on **March 17, 1953**, and that death occurred at **1:30 p. m.**, from the causes and on the date stated above.

23A. SIGNATURE

H. B. Schreiber

23B. ADDRESS

5451 Fulton Ave.

23C. DATE SIGNED

3-17-53

 24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/19/53

24C. NAME OF CEMETERY OR CREMATORY

Landon Park

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

 DATE RECEIVED BY
LOCAL REGISTRAR

MAR 18 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

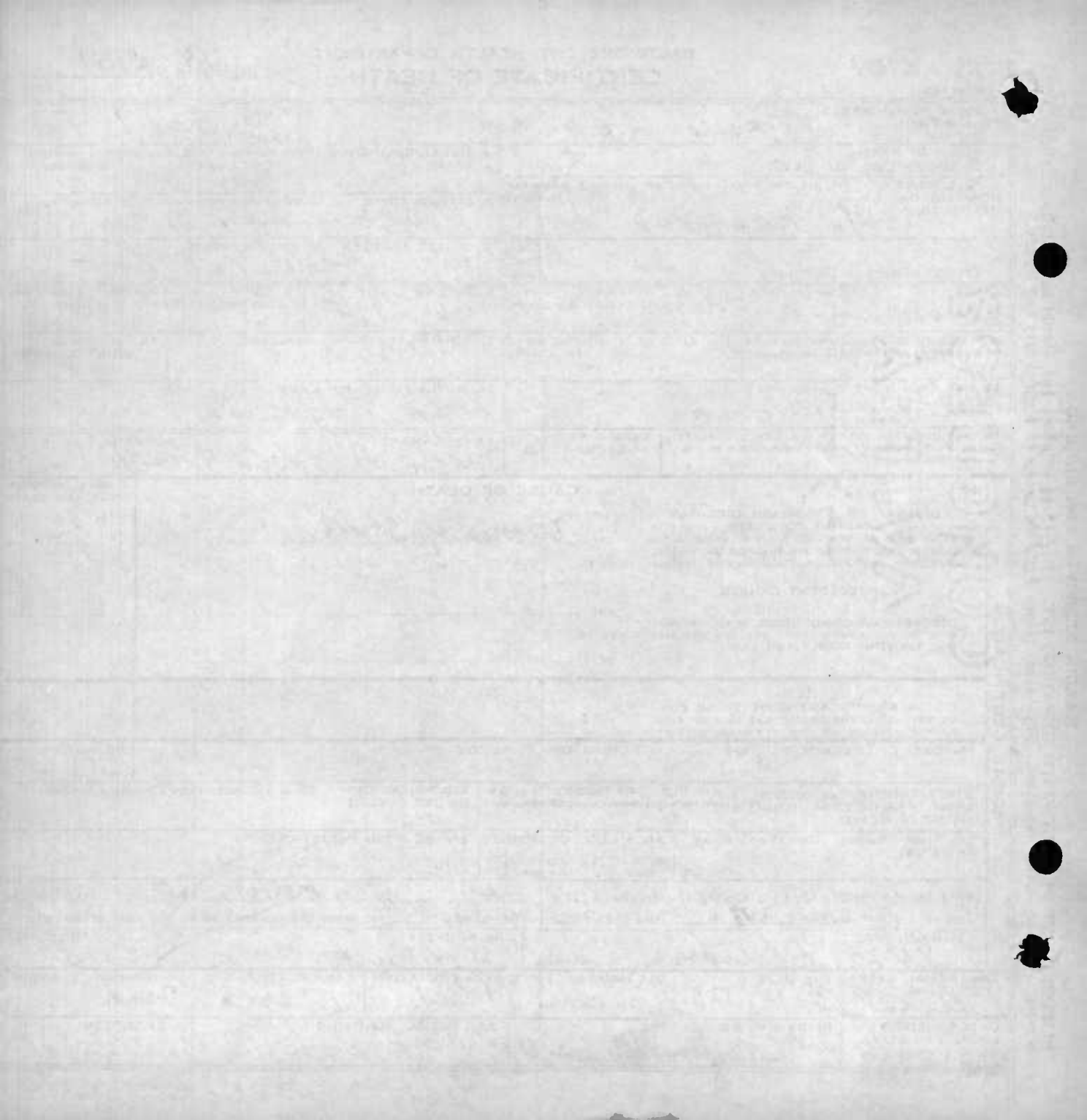
25. FUNERAL DIRECTOR

Gratt & Schickel

ADDRESS

20 B. M. Walters

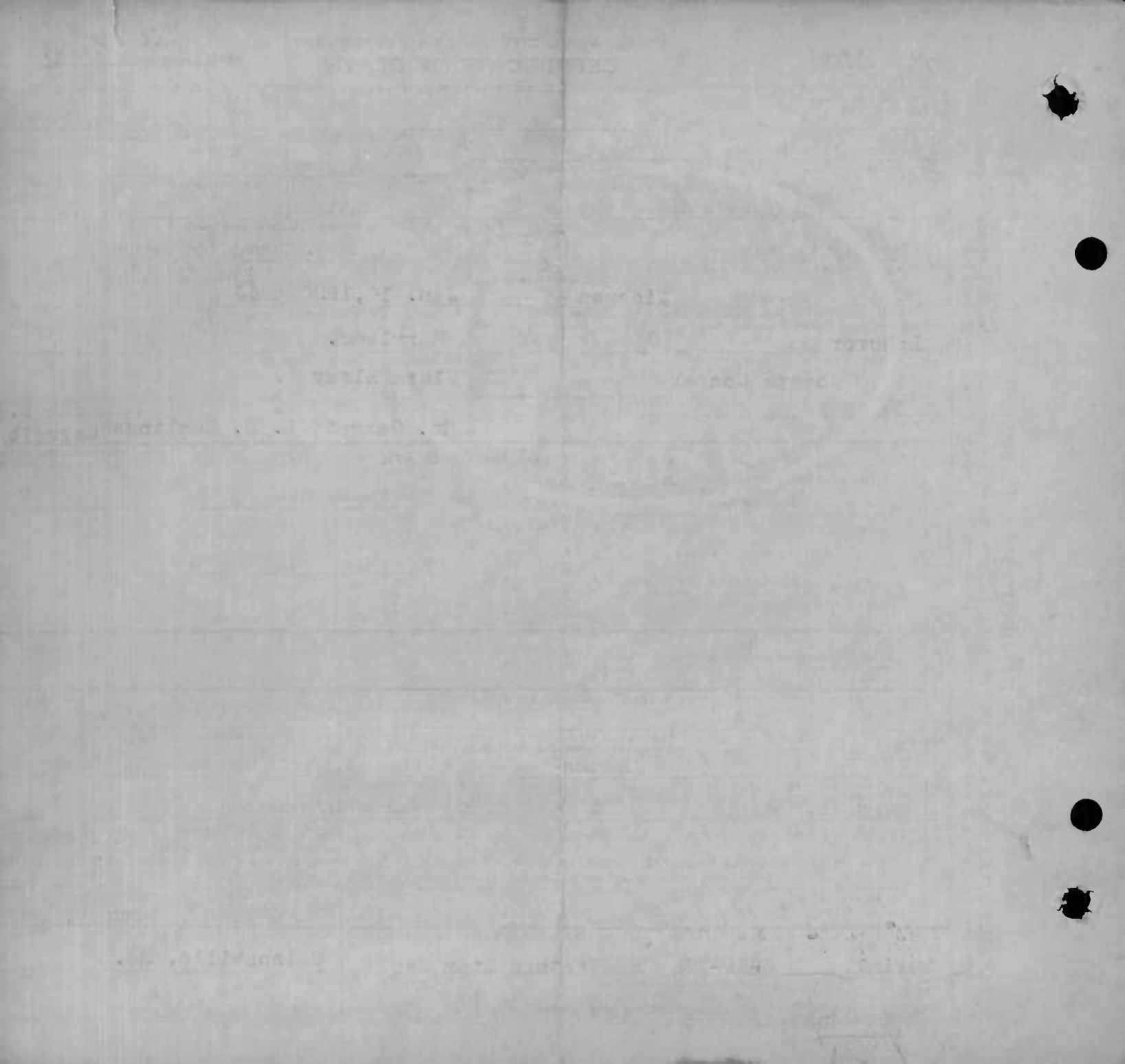
VS 150



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-160 53 2788 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 2788 Registered No.	
1. NAME OF DECEASED (Type or Print) GEORGE COOPER			2. DATE OF DEATH March 16, 1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or location) Mercy Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-01		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 822 N. Carrollton Avenue		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 10, 1890		9. AGE (In years last birthday) 63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland.
13. FATHER'S NAME Joseph Cooper			14. MOTHER'S MAIDEN NAME Clara Elsey		12. CITIZEN OF WHAT COUNTRY?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS 822 N. Mr. Garrett D. B. Rawlings Carroll		
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Asphyxia due to drowning DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Harbor		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Pier #1, Pratt Street	
21d. TIME (Month) (Day) (Year) (Hour) March 16, 1953		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Jumped into harbor	
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23a. SIGNATURE <i>William Updell</i>		23b. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR		23c. DATE SIGNED March 17, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-19-53		24c. NAME OF CEMETERY OR CREMATORY Western Star Cem	
24d. LOCATION (City, town, or county) (State) Catonsville, Md.		25. FUNERAL DIRECTOR <i>Mr. J. C. Hensley</i>		ADDRESS 5784	
DATE RECEIVED BY LOCAL REGISTRAR MAR 18 1953		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Mr. J. C. Hensley</i>	
V.S. 151		N 992X		97099	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2789

BIRTH NO. 53 2789

1. NAME OF DECEASED (Type or Print) <u>Joshua N. Detts</u>			2. DATE OF DEATH <u>3-14-53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>University Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
C. Length of stay in Baltimore <u>40</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>1302 Myrtle Ave.</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>75</u>	9. AGE (In years last birthday) <u>75</u>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <u>Boring Md</u>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <u>Nelson Detts</u>			14. MOTHER'S MAIDEN NAME <u>Ellen ?</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Ray Buchanan</u>			ADDRESS <u>1342 Presstons</u>		

18. <u>420.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>Hypertensive arteriosclerotic heart disease</u>	CAUSE OF DEATH (A) <u>Hypertensive arteriosclerotic heart disease</u> DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>April 18</u> , 19 <u>49</u> , to <u>March 12</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>March 12</u> , 19 <u>53</u> , and that death occurred at <u>m.</u> , from the causes and on the date stated above.				
23A. SIGNATURE <u>C. R. Campbell</u>		23B. ADDRESS <u>718 Dolphin St.</u>		23C. DATE SIGNED <u>3-17-53</u>

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>Mar 19-1953</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Mt Calvary</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore Md</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 18 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>Brooks, Ruggold</u>
VS 150		ADDRESS <u>14637 Carey St</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF TEXAS
COUNTY OF DALLAS
CERTIFICATE OF DEATH

1914

Attest my hand and seal of office this 1st day of April, 1914.

Notary Public in and for the State of Texas

Name of Deceased		Age		Sex		Color		Marital Status	
Date of Death		Place of Death		Cause of Death		Occupation		Signature of Physician	
Signature of Undertaker		Signature of Coroner		Signature of Registrar		Signature of Minister		Signature of Justice	
Signature of Deceased		Signature of Next of Kin		Signature of Executor		Signature of Administrator		Signature of Attorney	

320
53 2790BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2790
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Walter Woods</i>			2. DATE OF DEATH <i>March 12, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Montgomery</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Silver Spring</i>		
6. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>6823 Red Top Rd. 6500</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>2-12-99</i>		9. AGE (in years last birthday) <i>54</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMATION ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

18. <i>193X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Multiple metastatic tumors of the brain</i>			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(A) DUE TO					
			(B) DUE TO					
			(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <i>2-10</i> , 1953, to <i>3-17</i> , 1953, that I last saw the deceased alive on <i>3-12</i> , 1953, and that death occurred at <i>550 p.m.</i> , from the causes and on the date stated above.								
23A. SIGNATURE <i>William D. Kaplan</i>			23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>			23C. DATE SIGNED <i>3-17-53</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Mar 22, 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Huntington</i>		24D. LOCATION (City, town, or county) (State) <i>Pa.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>MART 8 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>William D. Kaplan</i>		ADDRESS		

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of coroner		12. Signature of jury	
13. Signature of witnesses		14. Signature of family		15. Signature of neighbors	
16. Signature of clergy		17. Signature of school		18. Signature of employer	
19. Signature of others		20. Signature of others		21. Signature of others	
22. Signature of others		23. Signature of others		24. Signature of others	
25. Signature of others		26. Signature of others		27. Signature of others	
28. Signature of others		29. Signature of others		30. Signature of others	
31. Signature of others		32. Signature of others		33. Signature of others	
34. Signature of others		35. Signature of others		36. Signature of others	
37. Signature of others		38. Signature of others		39. Signature of others	
40. Signature of others		41. Signature of others		42. Signature of others	
43. Signature of others		44. Signature of others		45. Signature of others	
46. Signature of others		47. Signature of others		48. Signature of others	
49. Signature of others		50. Signature of others		51. Signature of others	
52. Signature of others		53. Signature of others		54. Signature of others	
55. Signature of others		56. Signature of others		57. Signature of others	
58. Signature of others		59. Signature of others		60. Signature of others	
61. Signature of others		62. Signature of others		63. Signature of others	
64. Signature of others		65. Signature of others		66. Signature of others	
67. Signature of others		68. Signature of others		69. Signature of others	
70. Signature of others		71. Signature of others		72. Signature of others	
73. Signature of others		74. Signature of others		75. Signature of others	
76. Signature of others		77. Signature of others		78. Signature of others	
79. Signature of others		80. Signature of others		81. Signature of others	
82. Signature of others		83. Signature of others		84. Signature of others	
85. Signature of others		86. Signature of others		87. Signature of others	
88. Signature of others		89. Signature of others		90. Signature of others	
91. Signature of others		92. Signature of others		93. Signature of others	
94. Signature of others		95. Signature of others		96. Signature of others	
97. Signature of others		98. Signature of others		99. Signature of others	
100. Signature of others		101. Signature of others		102. Signature of others	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2791

1. NAME OF DECEASED
(Type or Print)

Viola Brown (Meade)

2. DATE
OF
DEATH

3-14-53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

505 Wilson St

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 14-0

d. STREET ADDRESS (If rural, give location)

505 Wilson St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3-28-1929

9. AGE (In years last birthday)

23

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10b. KIND OF BUSINESS OR INDUSTRY

Private Family

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY

U.S.A

13. FATHER'S NAME

Walter Meade

14. MOTHER'S MAIDEN NAME

Annie Sheppard

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Margaret Meade 1241 Orleans St

18. 322.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Alcoholism

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB-UTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

William V. Smith

23b. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23c. DATE SIGNED

3-14-53

24a. BURIAL, CREMA-TION, REMOVAL (Specify)

Burial

24b. DATE

3-18-1953

24c. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem.

24d. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 18 1953

REGISTRAR'S SIGNATURE

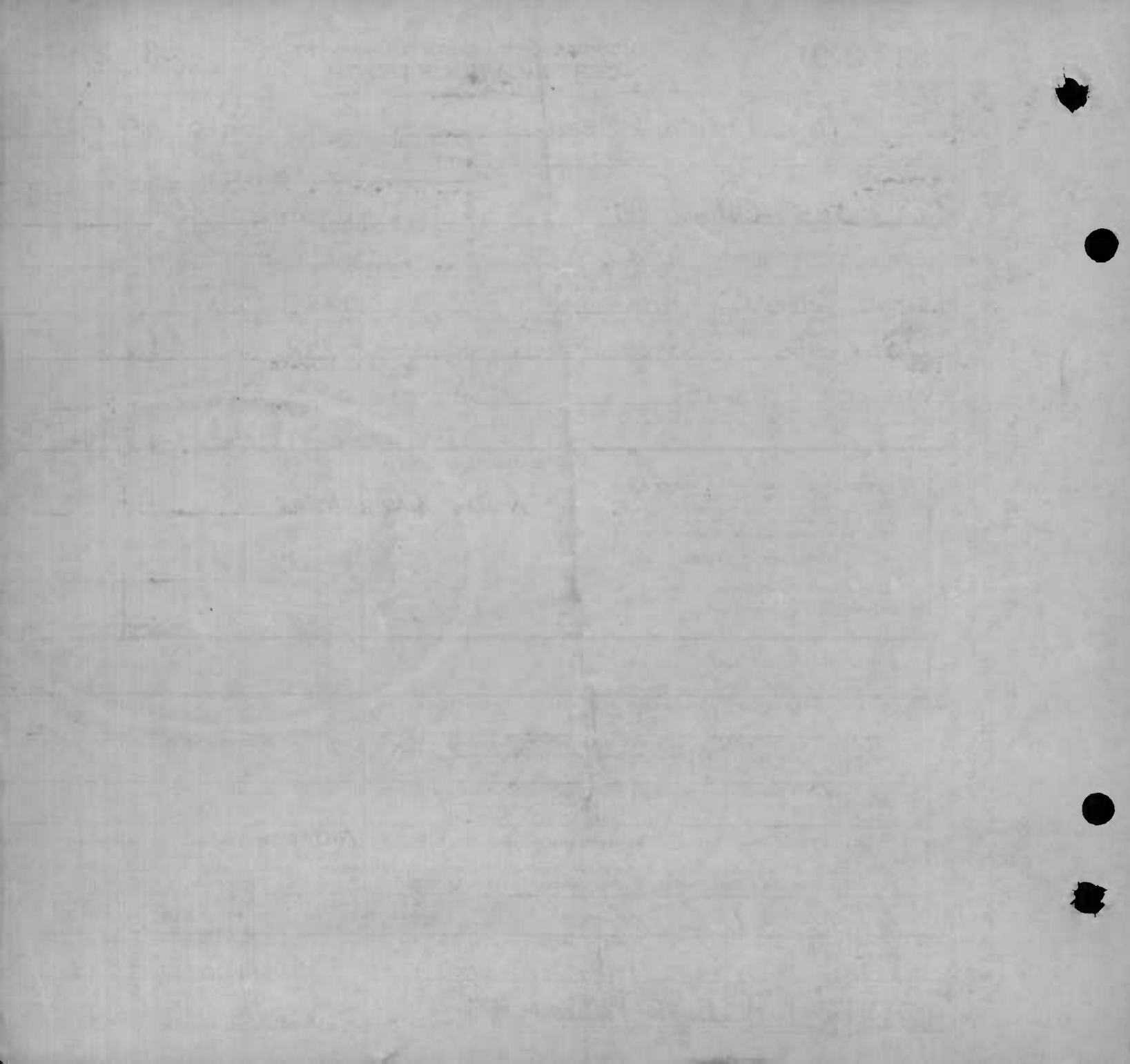
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

26. ADDRESS
Rudolph J. Collick 1412 E. Preston St.

VS 151

72084



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2792
Registered No.53 2792
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

Anne Scharf

2. DATE
OF
DEATH

Mar. 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

40 St. Agnes

Maryland

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto.

Catonville

D. STREET ADDRESS (If rural, give location)

119 Glenwood Ave. #28

5352

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

R. NURSE

HOSP.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

William Collins

14. MOTHER'S MAIDEN NAME

Mary Toomey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

WM. SCHARF, (same)

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma Caecum

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3-9-53

19B. MAJOR FINDINGS OF OPERATION

obstructing Carcinoma Caecum

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 3-2, 1953, to 3-17, 1953, that I last saw the
deceased alive on 3-17, 1953, and that death occurred at 12:10 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Harry T. King M.D.

St. Agnes Hosp

3-17-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

BURIAL

3/20/53

U.S. NATIONAL

BALTO. MD

MAR 18 1953

Huntington Williams, M.D. MACNABB & SON

CERTIFICATE OF DEATH

CAUSE OF DEATH

REPORT OF MEDICAL PHYSICIAN

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

PLEASE PRINT PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

53 2793

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2793

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NETTIE W. HENRY

2. DATE
OF
DEATH

Mar. 16, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3706 Manchester Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3706 Manchester Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Aug. 7, 1866

9. AGE (In years
last birthday)

86

10. Under 1 Year 11. Under 24 Hours
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Fletcher

14. MOTHER'S MAIDEN NAME

Willey --

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

-

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mr. Edward K. Henry-717 E. 36th St.

18. 443X and 153X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Congestive heart failure

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

2 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Chronic myocardial degeneration

DUE TO

3 years plus

(C) Arteriosclerosis in left ventricle

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Possible carcinoma of ascending
colon

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 6, 1951, to March 16, 1953, that I last saw the
deceased alive on 3/16, 1953, and that death occurred at 2:30 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Maurice E. Shann

23B. ADDRESS

3300 W. North Ave.

23C. DATE SIGNED

3/17/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/19/53

24C. NAME OF CEMETERY OR CREMATORY

East New Market Cem.

24D. LOCATION (City, town, or county)

East New Market, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

M. J. Pickner & Sons

ADDRESS

Baths. 17, Md.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

53 2794

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth H. Mc Millan

2. DATE
OF
DEATH

Mar. 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 12-01

D. STREET ADDRESS (If rural, give location)

103 W. 39th St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

12-22-1879

9. AGE (in years
last birthday)

73

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

WILLIAM H. GORMAN

14. MOTHER'S MAIDEN NAME

MARY CLARKE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
JOHNS HOPKINS HOSPITAL ADDRESS

18. 196X

CAUSE OF DEATH

undifferentiated

INTERVAL BETWEEN
ONSET AND DEATH

3-4 mos.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Metastatic Carcinoma

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Carcinoma of bone and soft tissue
(sacro-iliac)

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐22. I hereby certify that I attended the deceased from 2-3, 1953, to 3-17, 1953, that I last saw the
deceased alive on 3-17, 1953, and that death occurred at 6:10 P.M., from the causes and on the date stated above.

23A. SIGNATURE

V. Salas de Aguilar

M. O.

23B. PLACE

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3-17-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

3/18/53

24C. NAME OF CEMETERY OR CREMATORY

LODGE PARK CEM

24D. LOCATION (City, town, or county)

BALTIMORE, MARYLAND

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 18 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm J. Fisher & Sons

ADDRESS

Balt 17, Md.

See query reply in Document File

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2795

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE OF DEATH *Mar 16 1953*
9 a.m.

3. PLACE OF DEATH:

A. Baltimore City, Maryland *1200 Valley St*4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Maryland* B. COUNTYB. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
*70 Little Sisters of the Poor*C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
*Baltimore 10-01*C. Length of stay in Baltimore *9 yrs*Yrs.
Mos.
DaysD. STREET ADDRESS (If rural, give location)
*1200 Valley St*5. SEX *Male*6. COLOR OR RACE *White*

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH *Mar 24 1870*9. AGE (in years last birthday) *82*
If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Salvage

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
*John Ennis*14. MOTHER'S MAIDEN NAME
Lorah Henry

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT
Little Sisters of the Poor

ADDRESS

18. *420.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO *Coronary Thrombosis*

ANTECEDENT CAUSES

(B)

DUE TO *Arterio Sclerosis*

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN ONSET AND DEATH
1 day
*5 yrs*II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Mar 15*, 1953, to *Mar 16*, 1953, that I last saw the deceased alive on *Mar 15*, 1953, and that death occurred at *8 A* m., from the causes and on the date stated above.23A. SIGNATURE
*E. G. Hall M.D.*23B. ADDRESS
*1631 E North Ave*23C. DATE SIGNED
*Mar 16-53*24A. BURIAL, CREMATION, REMOVAL (Specify)
*Burial*24B. DATE
*Mar 19, 1953*24C. NAME OF CEMETERY OR CREMATORY
*Woodlawn*24D. LOCATION (City, town, or county)
Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR
*MAR 18 1953*REGISTRAR'S SIGNATURE
*Huntington Williams, M.D.*25. FUNERAL DIRECTOR
*Rita Wiedefeld*ADDRESS
9006 Biddle St

CERTIFICATE OF DEATH

NOTARY PUBLIC FOR THE STATE OF TEXAS

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

PLACE OF MARRIAGE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

PLACE OF MARRIAGE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2796

Registered No. _____

53 2796

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALFRED SMALLWOOD

2. DATE
OF
DEATH

3/15/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *2839 Woodbrook Ave*
B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

13-04

D. STREET ADDRESS (If rural, give location)

2839 WOODBROOK AV.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

ad

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

1/30/1887

9. AGE (In years last birthday)

66

10. Under 1 Year Months: Days
11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

unemployed

10B. KIND OF BUSINESS OR INDUSTRY

PORTER

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Nick Smallwood

14. MOTHER'S MAIDEN NAME

Carrie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL SECURITY NO.

215-05-0073

17. INFORMANT ADDRESS
JAS. E. SMITH (B) 2839 WOODBROOK AV.

18. *443X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Hypertensive cardiac*
vascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

unknown

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *March 12, 1953*, to *March 15, 1953*, that I last saw the deceased alive on *March 15, 1953*, and that death occurred at *12:39 a.m.* from the causes and on the date stated above.

23A. SIGNATURE

W. D. Perry

23B. ADDRESS

1427 Woodbrook Ave

23C. DATE SIGNED

3/16/53

24A. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24B. DATE

3/19/53

24C. NAME OF CEMETERY OR CREMATORY

ARBUTUS MEM'L. PK

24D. LOCATION (City, town, or county)

BALTO. COUNTY, MD

DATE RECEIVED BY LOCAL REGISTRAR

MAR 18 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Charles D. W. 512 (unintelligible)

ADDRESS

VS 150

780 99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WESTERN STATE OF OREGON
BIRTH AND DEATH RECORDS

DATE OF BIRTH

11/21/1917

11/21/1917

Robert Lee
Cowan Smith

11/21/1917

2119
Dallman

11/21/1917

11/21/1917

11/21/1917

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

53 2797

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2797
Registered No.

1. NAME OF DECEASED (Type or Print) ALPHONSUS CHASE			2. DATE OF DEATH 3/13/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 635 GEORGE STREET			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 635 GEORGE STREET		
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SEPT.	8. DATE OF BIRTH 5/3/1891		9. AGE (In years, last birthday) 61
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WAITER			10B. KIND OF BUSINESS OR INDUSTRY RESTURANT		11. BIRTHPLACE (State or foreign country) BALTO. MD.
13. FATHER'S NAME JOHN CHASE			14. MOTHER'S MAIDEN NAME HENRIETTA REED		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 217-18-6438		17. INFORMANT ADDRESS HELEN BARNEY 635 GEORGE ST.	

18. 420.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Angina Pectoris DUE TO		INTERVAL BETWEEN ONSET AND DEATH 2 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic Myocarditis DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ✓		

19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION ✓		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 11, 1953 , to March 13, 1953 ; that I last saw the deceased alive on Mar 13, 1953 , and that death occurred at 50P.m. , from the causes and on the date stated above.					
23A. SIGNATURE C. Mansell Lawrence		23B. ADDRESS 1225 Penna Ave		23C. DATE SIGNED 3-17-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 3/18/53		24C. NAME OF CEMETERY OR CREMATORY ARBUTUS MEM'L.PK.	
24D. LOCATION (City, town, or county) (State) BALTO. COUNTY, MD.		25. FUNERAL DIRECTOR ADDRESS CHARLES G. COOPER-512 CARROLLTON AV.			

7546M Charles G Cooper

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VETERINARY MEDICINE

1917-12-13

1917-12-13

1917-12-13

1917-12-13

1917-12-13

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1917-12-13

1917-12-13

1917-12-13

1917-12-13

ANDERSON
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

53 2798

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Anderson, Annie L.*2. DATE
OF
DEATH*3-14-53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION*Maryland**Anne Arundel*C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)*Baltimore Federal Maryland*

D. STREET ADDRESS (If rural, give location)

800 old Annapolis Blvd.

C. Length of stay in Baltimore

*(Life) 98*Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.*Female**White**Widowed**11-11-64**98*10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*ODENTON*12. CITIZEN OF
WHAT COUNTRY?*U.S.A.*

13. FATHER'S NAME

Allen Crawford

14. MOTHER'S MAIDEN NAME

*Edith Disney*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*No*16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Miss Edith Anderson**3009*

18.

586x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *infection*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *gall bladder disease*

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from *3-6*, 19*53*, to *3-14*, 19*53*, that I last saw the
deceased alive on *3-14*, 19*53*, and that death occurred at *11 30* m., from the causes and on the date stated above.

23A. SIGNATURE

D. Kasper M.D.

M. D.

23B. ADDRESS

MD. General Hospi

23C. DATE SIGNED

*3-14-53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*March 15 1953**Huntington Williams, M.D.**H. L. Kipper & Sons**1300 Eastern Pk*

Received of the
 Treasurer of the
 Board of Directors
 the sum of \$100.00
 for the year 1888
 J. W. [illegible]
 Secretary

CERTIFICATE CORRECTED

5-1-53

BALTIMORE CITY HEALTH DEPARTMENT

GALLION CERTIFICATE OF DEATH

Registered No. 53 2799

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Virginia Gallion

2. DATE
OF
DEATH

March 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE

Md.

B. COUNTY

Prince George

B. FULL NAME OF
HOSPITAL OR
INSTITUTION(If not in hospital or institution, give street address or location)
JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)
Seat Pleasant Jefferson Hgts.

D. STREET ADDRESS (If rural, give location)

1006 65th Place

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

6-18-08

9. AGE (in years
last birthday)

44

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At home

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Brown

14. MOTHER'S MAIDEN NAME

Charlotte Nelson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT
ADDRESS

JOHNS HOPKINS HOSPITAL

18. 586X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Hepato-Renal Insufficiency

1 wk.

ANTECEDENT CAUSES

DUE TO

(B)

Chronic Common Duct obstruction

5 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

Post-operative stenosis of common duct

5 yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2/25/53

19B. MAJOR FINDINGS OF OPERATION

Chronic Common Duct obstruction

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-10, 1953, to 3-17, 1953, that I last saw the
deceased alive on 3-17, 1953, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dwight C. McGowan

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3/18/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-21-53

24C. NAME OF CEMETERY OR CREMATORY

Lincoln Memorial

24D. LOCATION (City, town, or county)

Suitland Rd. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Henry A. Washington & Son

ADDRESS

467 N. St. N.W.

Wash. D.C.

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of birth		6. Usual residence		7. Cause of death		8. Manner of death	
9. Occupation		10. Education		11. Marital status		12. Date of marriage	
13. Name of physician		14. Name of funeral director		15. Name of informant		16. Signature of informant	
17. Name of registrar		18. Name of health officer		19. Name of coroner		20. Name of jury	
21. Name of jury		22. Name of jury		23. Name of jury		24. Name of jury	
25. Name of jury		26. Name of jury		27. Name of jury		28. Name of jury	
29. Name of jury		30. Name of jury		31. Name of jury		32. Name of jury	
33. Name of jury		34. Name of jury		35. Name of jury		36. Name of jury	
37. Name of jury		38. Name of jury		39. Name of jury		40. Name of jury	
41. Name of jury		42. Name of jury		43. Name of jury		44. Name of jury	
45. Name of jury		46. Name of jury		47. Name of jury		48. Name of jury	
49. Name of jury		50. Name of jury		51. Name of jury		52. Name of jury	
53. Name of jury		54. Name of jury		55. Name of jury		56. Name of jury	
57. Name of jury		58. Name of jury		59. Name of jury		60. Name of jury	
61. Name of jury		62. Name of jury		63. Name of jury		64. Name of jury	
65. Name of jury		66. Name of jury		67. Name of jury		68. Name of jury	
69. Name of jury		70. Name of jury		71. Name of jury		72. Name of jury	
73. Name of jury		74. Name of jury		75. Name of jury		76. Name of jury	
77. Name of jury		78. Name of jury		79. Name of jury		80. Name of jury	
81. Name of jury		82. Name of jury		83. Name of jury		84. Name of jury	
85. Name of jury		86. Name of jury		87. Name of jury		88. Name of jury	
89. Name of jury		90. Name of jury		91. Name of jury		92. Name of jury	
93. Name of jury		94. Name of jury		95. Name of jury		96. Name of jury	
97. Name of jury		98. Name of jury		99. Name of jury		100. Name of jury	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2800

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Brooke McLeod

2. DATE
OF
DEATH

Mar. 17-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore 11 Yrs.

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months; DaysIf Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Chauffeur

10B. KIND OF BUSINESS OR
INDUSTRY

Lumber Co.

11. BIRTHPLACE (State or foreign country)

Varina N.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Demery McLeod

14. MOTHER'S MAIDEN NAME

Lucy

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 757.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

anemia, heart failure
Hypoplastic kidneys.

?

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 3-17-53, to 3-17-53, that I last saw the
deceased alive on Dec 19, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

William E. Matteson, M.D.

JOHNS HOPKINS HOSPITAL

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/20/1953

Family Plot

Varina N.C.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 18 1953

Huntington Williams, M.D. 683 6P

NOT A MEDICAL EXAMINER'S CASE

William A. Smith M.D.
CHIEF OR ASST. MEDICAL EXAMINER

53

M-260
2801BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2801

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RUSSELL EDDIE McGREY

2. DATE
OF DEATH March 17, 19533. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

Baltimore City Morgue

D. STREET ADDRESS (If rural, give location)

914 Druid Hill Avenue

c. Length of stay in Baltimore

years

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Oct. 6, 1908

9. AGE (In years
last birthday)

44

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cement Finisher

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Florence McCray-703-W. Franklin St.

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Far advanced pulmonary tuberculosis

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. [Signature]

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

March 17, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/21/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem.

24D. LOCATION (City, town, or county)

Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 18 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

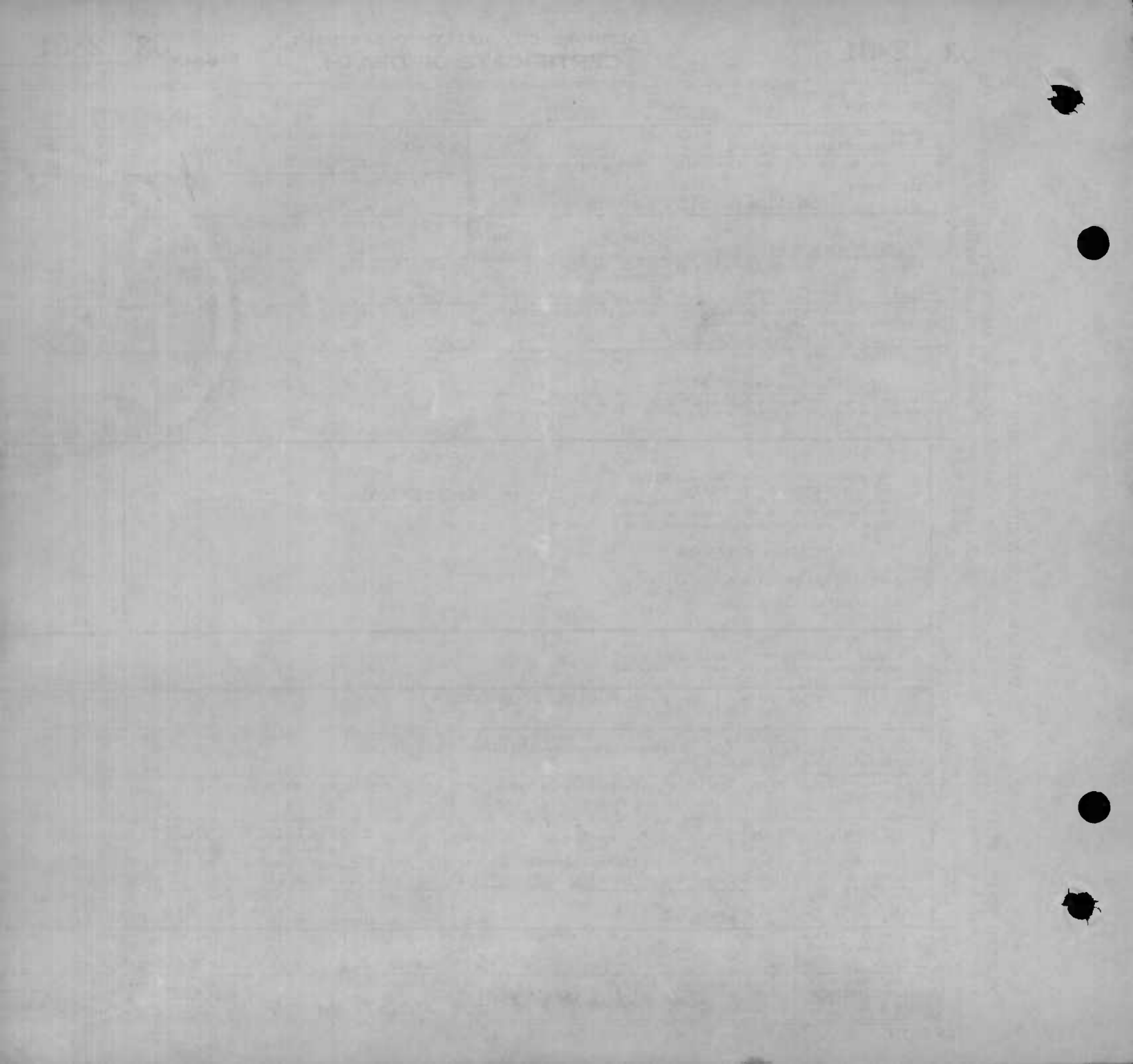
25. FUNERAL DIRECTOR

Ch. Halstead - 918 - Druid Hill Ave.

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

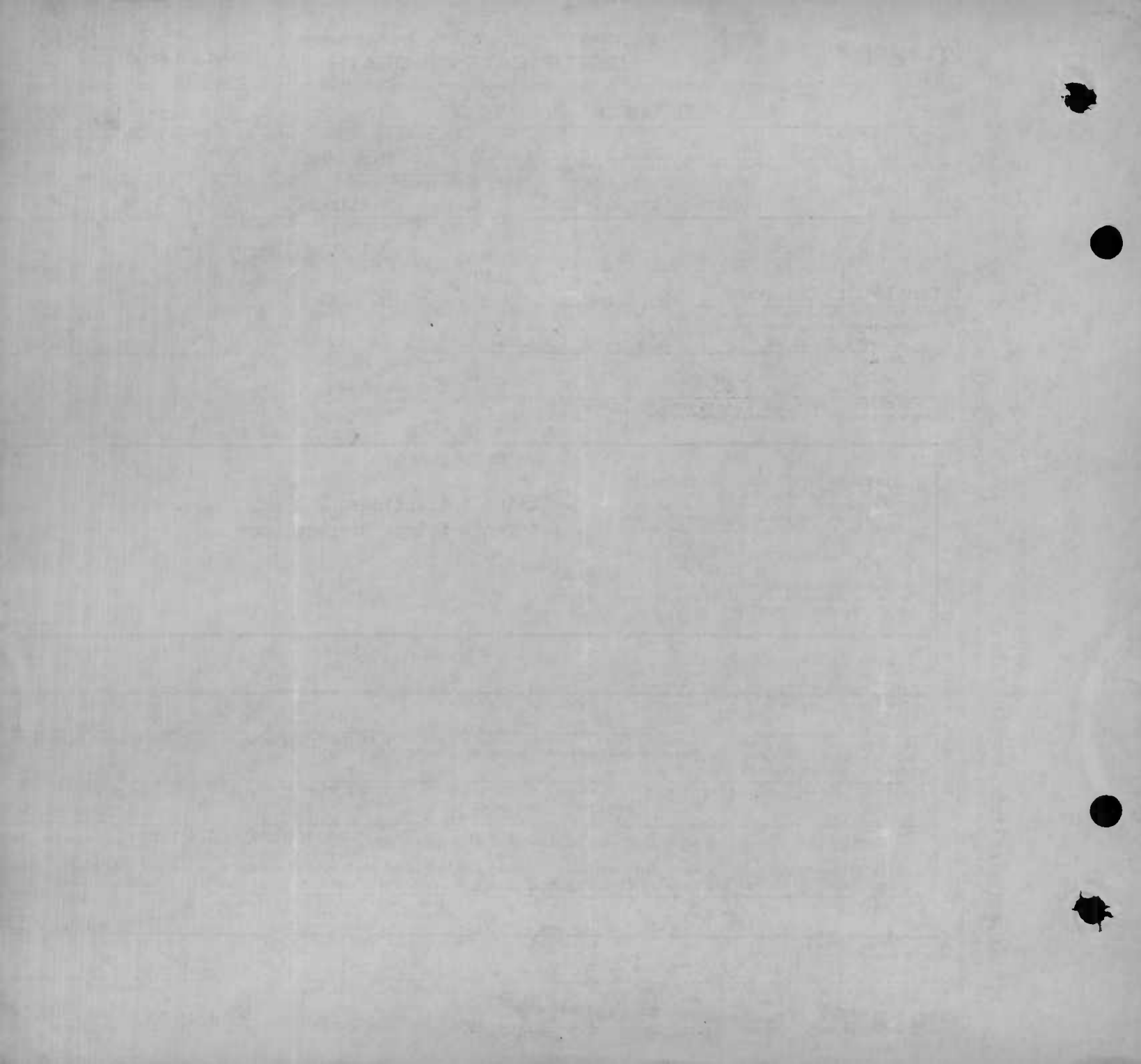
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-426
53 2802
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2802
Registered No.

1. NAME OF DECEASED (Type or Print)		ELIZABETH WALKER		2. DATE OF DEATH March 15, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore years		D. STREET ADDRESS (If rural, give location) 531 W. Mulberry Street			
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH ? ? 1905	9. AGE (In years last birthday) 47
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Virginia	
13. FATHER'S NAME unknown		14. MOTHER'S MAIDEN NAME unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Robert Walker-531-Mulberry	
18. 353.2 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Status epilepticus DUE TO Chronic idiopathic epilepsy		INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED March 16, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/19/53		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cmt.	
24D. LOCATION (City, town, or county) (State) Maryland		24E. DATE RECEIVED BY LOCAL REGISTRAR MAR 18 1953			
24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR C. Halstead - 918 - Grand St.			



53

BIRTH NO.

2803

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2803
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print) <i>Willie Porter</i>			2. DATE OF DEATH <i>3-15-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>705 Vine St</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore <i>years</i>			D. STREET ADDRESS (If rural, give location) <i>705 Vine St.</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>Nov. 3, 1885</i>	9. AGE (In years last birthday) <i>67</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Blind</i>			11. BIRTHPLACE (State or foreign country) <i>Georgia</i>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Unknown</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Mabel Curry</i>			ADDRESS <i>705 Vine St.</i>		
18. <i>422.1</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>Arteriosclerotic Cardiovascular</i> DUE TO ANTECEDENT CAUSES (B) <i>Disease</i> DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <i>Inspection</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <i>natural causes</i> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William H. [Signature]</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. <i>[Signature]</i>		23C. DATE SIGNED <i>3-15-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Funeral</i>		24B. DATE <i>3/21/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn Cem.</i>	
24D. LOCATION (City, town, or county) <i>Maryland</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 18 1953</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
24G. FUNERAL DIRECTOR <i>W. H. Thelstead</i>		24H. ADDRESS <i>918 - Spruce St.</i>		24I. V'S 151	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-163
53 2804
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2804

1. NAME OF DECEASED (Type or Print)			MARION ROBERTS			2. DATE OF DEATH March 15, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland			B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN Baltimore			D. STREET ADDRESS (If rural, give location) 806 W. Lexington St.		
c. Length of stay in Baltimore years			5. SEX Female			6. COLOR OR RACE Colored		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married			8. DATE OF BIRTH Oct. 10, 1879			9. AGE (In years last birthday) 73		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Maryland		
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT Mrs. Roberts-806-W. Lexington		
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(A) DUE TO			(B) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(C) DUE TO					
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK			21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .								
23A. SIGNATURE R. S. Fisher			23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>			23C. DATE SIGNED March 16, 1953		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 3/20/53			24C. NAME OF CEMETERY OR CREMATORY Sacred Heart Cmet.		
24D. LOCATION (City, town, or county) Maryland			24E. FUNERAL DIRECTOR Huntington Williams, M.D.			24F. ADDRESS Halstead - 918 - Grand Ave.		
DATE RECEIVED BY LOCAL REGISTRAR MAY 1 1953			REGISTRAR'S SIGNATURE			25. FUNERAL DIRECTOR ADDRESS		

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 2805

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Brown Brown

2. DATE
OF
DEATH

March 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

263 N. Exeter St.

c. Length of stay in Baltimore

years

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

3-29-65

9. AGE (In years
last birthday)

87

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

unemployed

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 332X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Thrombosis of left
middle cerebral artery

(B)

DUE TO

Arteriosclerosis

(C)

INTERVAL BETWEEN
ONSET AND DEATH13 weeks
years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-25, 1952, to 3-12, 1953, that I last saw the
deceased alive on 3-12, 1953, and that death occurred at 8048, from the causes and on the date stated above.

23A. SIGNATURE

David Lubman, M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3-17-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 18 1953

Huntington Williams, M.D.

B. Halstead - 918 - Grand Hill
ave.

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of coroner		12. Signature of jury	
13. Signature of witnesses		14. Signature of family		15. Signature of neighbors	
16. Signature of clergy		17. Signature of school		18. Signature of others	
19. Signature of others		20. Signature of others		21. Signature of others	
22. Signature of others		23. Signature of others		24. Signature of others	
25. Signature of others		26. Signature of others		27. Signature of others	
28. Signature of others		29. Signature of others		30. Signature of others	
31. Signature of others		32. Signature of others		33. Signature of others	
34. Signature of others		35. Signature of others		36. Signature of others	
37. Signature of others		38. Signature of others		39. Signature of others	
40. Signature of others		41. Signature of others		42. Signature of others	
43. Signature of others		44. Signature of others		45. Signature of others	
46. Signature of others		47. Signature of others		48. Signature of others	
49. Signature of others		50. Signature of others		51. Signature of others	
52. Signature of others		53. Signature of others		54. Signature of others	
55. Signature of others		56. Signature of others		57. Signature of others	
58. Signature of others		59. Signature of others		60. Signature of others	
61. Signature of others		62. Signature of others		63. Signature of others	
64. Signature of others		65. Signature of others		66. Signature of others	
67. Signature of others		68. Signature of others		69. Signature of others	
70. Signature of others		71. Signature of others		72. Signature of others	
73. Signature of others		74. Signature of others		75. Signature of others	
76. Signature of others		77. Signature of others		78. Signature of others	
79. Signature of others		80. Signature of others		81. Signature of others	
82. Signature of others		83. Signature of others		84. Signature of others	
85. Signature of others		86. Signature of others		87. Signature of others	
88. Signature of others		89. Signature of others		90. Signature of others	
91. Signature of others		92. Signature of others		93. Signature of others	
94. Signature of others		95. Signature of others		96. Signature of others	
97. Signature of others		98. Signature of others		99. Signature of others	
100. Signature of others		101. Signature of others		102. Signature of others	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 2806**

BIRTH NO.

 1. NAME OF DECEASED
(Type or Print)

Ida F. Steems

2. DATE

Mar. 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

 A. STATE *Maryland* B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1949 St. North Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-02

D. STREET ADDRESS (If rural, give location)

1949 St. North Ave.

c. Length of stay in Baltimore

40 yrs.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 28, 1871

9. AGE (In years

last birthday)

81

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Frederick Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Simon P. Perkins

14. MOTHER'S MAIDEN NAME

Martha E. Smother

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

Informant: Martha E. Smother 1949 St. North Ave.

18.

442X 1

CAUSE OF DEATH

 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

Arteriosclerosis, heart & ch. 3 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

 (B) DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

 II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

 22. I hereby certify that I attended the deceased from *Feb 15, 1953* to *Mar 17, 1953* that I last saw the deceased alive on *Mar 18, 1953* and that death occurred at *2:10 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

W. H. Watts
5156 Grafton Ave.
3/19/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Mar. 20, 1953
Mar. 20, 1953
St. Calvary Baltimore, Md.
Baltimore, Md.
1631 Druid Hill Ave.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2807

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Aislee L. Lindsay

2. DATE
OF
DEATH

Mar. 16, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Md. General
(Dead on arrival)

C. CITY OR TOWN (If outside corporate limits, write R.U.L. and give township)

Baltimore 14-03

D. STREET ADDRESS (If rural, give location)

3422 Bloom St. Apt. 3B.

C. Length of stay in Baltimore

20 years

5. SEX

Female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 30, 1903

9. AGE (In years last birthday)

50

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Teacher

10B. KIND OF BUSINESS OR INDUSTRY

Public School

11. BIRTHPLACE (State or foreign country)

Delaware, Ohio

12. CITIZEN OF WHAT COUNTRY?

USA.

13. FATHER'S NAME

Clark H. Lindsay

14. MOTHER'S MAIDEN NAME

Mable H. Swayne

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

Informant: Mable H. Swayne
1154 E. Long St. Columbus, Ohio

18. 410X and 214X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Mitral Stenosis

DUE TO

(C) Rheumatic Heart Disease

since 1946

" 1946

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Chronic Nephritis, Fibrous Atrial

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1946 to March 16, 1953, that I last saw the deceased alive on 2/21, 1953, and that death occurred at 6:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Ralph J. Young

M. D.

23B. ADDRESS

1532 E. Monument St

23C. DATE SIGNED

3/17/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Mar. 21, 1953

24C. NAME OF CEMETERY OR CREMATORY

Green Lawn

24D. LOCATION (City, town, or county)

Columbus, Ohio

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 18 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Funeral Home
1631 David Hill Ave.

MINNESOTA DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of birth		5. Date of death	
6. Place of birth		7. Usual residence		8. Cause of death		9. Nature of disease		10. Duration of illness	
11. Name of physician		12. Name of funeral director		13. Name of undertaker		14. Name of cemetery		15. Name of place of burial	
16. Name of informant		17. Name of registrar		18. Name of health officer		19. Name of coroner		20. Name of justice of the peace	
21. Name of witness		22. Name of witness		23. Name of witness		24. Name of witness		25. Name of witness	
26. Name of witness		27. Name of witness		28. Name of witness		29. Name of witness		30. Name of witness	
31. Name of witness		32. Name of witness		33. Name of witness		34. Name of witness		35. Name of witness	
36. Name of witness		37. Name of witness		38. Name of witness		39. Name of witness		40. Name of witness	
41. Name of witness		42. Name of witness		43. Name of witness		44. Name of witness		45. Name of witness	
46. Name of witness		47. Name of witness		48. Name of witness		49. Name of witness		50. Name of witness	
51. Name of witness		52. Name of witness		53. Name of witness		54. Name of witness		55. Name of witness	
56. Name of witness		57. Name of witness		58. Name of witness		59. Name of witness		60. Name of witness	
61. Name of witness		62. Name of witness		63. Name of witness		64. Name of witness		65. Name of witness	
66. Name of witness		67. Name of witness		68. Name of witness		69. Name of witness		70. Name of witness	
71. Name of witness		72. Name of witness		73. Name of witness		74. Name of witness		75. Name of witness	
76. Name of witness		77. Name of witness		78. Name of witness		79. Name of witness		80. Name of witness	
81. Name of witness		82. Name of witness		83. Name of witness		84. Name of witness		85. Name of witness	
86. Name of witness		87. Name of witness		88. Name of witness		89. Name of witness		90. Name of witness	
91. Name of witness		92. Name of witness		93. Name of witness		94. Name of witness		95. Name of witness	
96. Name of witness		97. Name of witness		98. Name of witness		99. Name of witness		100. Name of witness	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2808BIRTH NO. 53 28081. NAME OF DECEASED
(Type or Print)Joseph Tyler2. DATE
OF
DEATHMarch 16, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
A. STATE md. B. COUNTY 14-02 before admission)5. FULL NAME OF
HOSPITAL OR
INSTITUTIONJOHNS HOPKINS HOSPITALC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
1417 Mc Cullah St.

c. Length of stay in Baltimore

50 yrs.Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 25, 1882

9. AGE (in years last birthday)

71

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR INDUSTRY

Dom. Family

11. BIRTHPLACE (State or foreign country)

Cranbrook, Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Samuel Tyler

14. MOTHER'S MAIDEN NAME

Salulha ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

(Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL18. 422.1 and 023XDISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CERTIFICATION APPROVED BY

DUE TO

(C)

William J. Smith, M.D.
CHIEF OR ASST. MEDICAL STAFFII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.Syphilitic aortitis

INTERVAL BETWEEN ONSET AND DEATH

? years? years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

Carol H. Johnson

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3/17/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar 19, 1953

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Pk.

24D. LOCATION (City, town, or county)

Baltimore Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

William J. Smith

ADDRESS

1631 Druid Hill Ave.

To Be APPROVED BY MED. EXAMINER

PLEASE PRINT PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age of the deceased is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 2809
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Anna Wiencke

2. DATE
OF
DEATH

March 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

5140 Wright Ave. Armitstead Garden

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

5140 Wright Ave Armitstead Garden

C. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 10, 1864

9. AGE (in years last birthday)

89

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR INDUSTRY

own Home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Johan Schneider

14. MOTHER'S MAIDEN NAME

Betty Koch

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Juliette J. Wolfe 5140 Wright Ave

18. *446x*

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Uremia

INTERVAL BETWEEN ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Chronic nephritis

DUE TO

Arteriosclerosis

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3/13*, 19*53*, to *3/18*, 19*53*, that I last saw the deceased alive on *3/17*, 19*53*, and that death occurred at *1:35* A.M., from the causes and on the date stated above.

23A. SIGNATURE

L. J. Kline

23B. ADDRESS

2623 E. Monument St

23C. DATE SIGNED

3/18/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/21/53

24C. NAME OF CEMETERY OR CREMATORY

Western Can

24D. LOCATION (City, town, or county)

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Lassaher Funeral Home 740 1 Balair Rd

D. Kline

2623 E. Monmouth St

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2810

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) JOHN SCHEHLEIN			2. DATE OF DEATH March 16, 1953.		
3. PLACE OF DEATH: A. Baltimore City, Maryland 3612 E. Fayette St.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION _____			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 3612 E. Fayette St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 24, 1887	9. AGE (In years last birthday) 65	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Senior Clerk		10B. KIND OF BUSINESS OR INDUSTRY Gas and Elec. Co.	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George J. Schehlein			14. MOTHER'S MAIDEN NAME Elizabeth Baeurnschmidt		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. No	17. INFORMANT ADDRESS Elizabeth Schehlein Same		

18. 154X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 7 yrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma of Rectum		7 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from Jan 1936 to 3-16 , 1953 that I last saw the deceased alive on 3-16 , 1953, and that death occurred at 4:45 A.M. from the causes and on the date stated above.					
23A. SIGNATURE M.W. Sacerson		23B. ADDRESS 2310 Eutan Place		23C. DATE SIGNED 3-17-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Mar. 19 1953		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery	
24D. LOCATION (City, town, or county) 7225 Eastern Ave. Ba. Co. Md.		24E. STATE Ba. Co. Md.		25. FUNERAL DIRECTOR 901 S. Conkling St.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 18 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR 901 S. Conkling St.	

Dr. Jacobson
2310 Cutler Pl.

For 4120.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2811
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE H. KAMMER.

2. DATE
OF
DEATH March 15, 1953.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 923 S. Ellwood Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

923 S. Ellwood Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 1, 1880

9. AGE (in years
last birthday)

73.

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Balto. City Worker

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

?

Kammer

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

214-12-4571

17. INFORMANT

ADDRESS

Anna Kammer 923 S. Ellwood Ave.

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease 1 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 30, 1953, to March 15, 1953 that I last saw the
deceased alive on March 13, 1953 and that death occurred at 4:40 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Charles W. Williams, M.D.

23B. ADDRESS

3023 Eastern Ave.

23C. DATE SIGNED

3/17/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 18 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery 4430 Belair Rd. Balto. Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

901 S. Conkling St.

MAR 18 1953

Dr. Le Laut

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2812

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Anschutz, Lydia2. DATE
OF
DEATHMarch 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

2618 Evergreen Avenue

C. Length of stay in Baltimore

8 years

5. SEX

Female

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Widow

8. DATE OF BIRTH

Mar. 25-18819. AGE (In years
last birthday)71If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)At Home10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robinson

14. MOTHER'S MAIDEN NAME

Elizabeth15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Myron Wood-2618 Evergreen18. 422.1 and 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Toxic myocarditis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerotic cardiovascular

DUE TO

disease

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Pulmonary tuberculosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 10, 1953 to March 17, 1953, that I last saw the
deceased alive on March 17, 1953, and that death occurred at 2:00 pm., from the causes and on the date stated above.

23A. SIGNATURE

R. J. Banez

23B. ADDRESS

M. D.

1100 N. Caroline Street

23C. DATE SIGNED

March 17, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

3-20-53

24C. NAME OF CEMETERY OR CREMATORY

Emmanuel Church Cem.

24D. LOCATION (City, town, or county)

Plan PT-Cdvert Co. Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

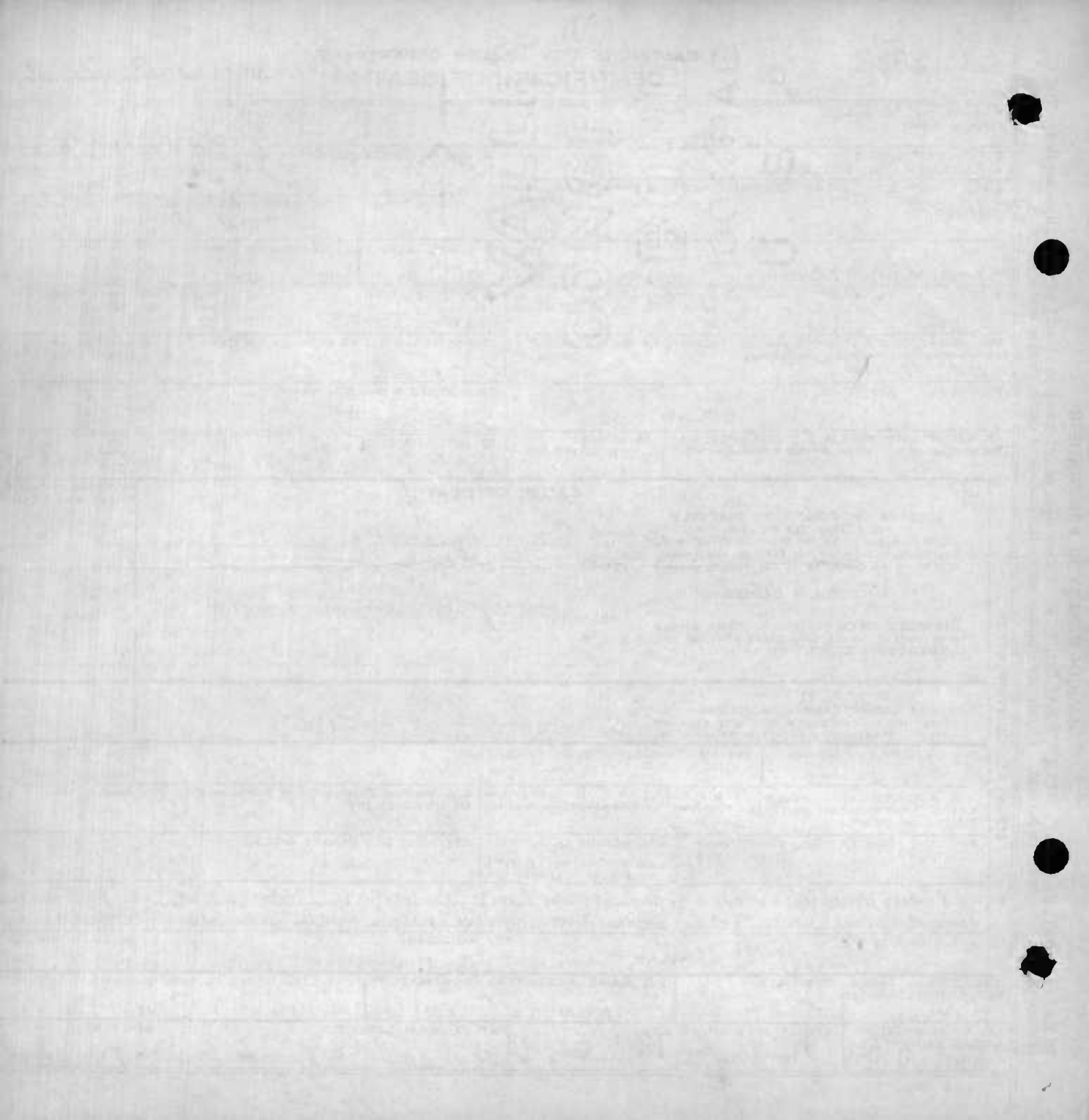
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Luck 5305 Harford



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct address is especially important. Physicians: please write the causes of death clearly and legibly.

7-630
53 2813
53-05174

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2813

BIRTH NO. 53 2813

1. NAME OF DECEASED (Type or Print) Baby Boy Trout

2. DATE OF DEATH 3-4-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE md B. COUNTY Balto

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Sinai Hospital of Baltimore, Inc.

6. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
Baltimore

7. STREET ADDRESS (If rural, give location)
9800 Maglot Ave #34

8. Length of stay in Baltimore
Xrs. Mos. Days

9. SEX MALE

10. COLOR OR RACE White

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single

12. DATE OF BIRTH 3-4-53

13. AGE (in years last birthday) 53

14. If Under 1 Year Months: Days

15. If Under 24 Hours Hours: Min. 20

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

17. KIND OF BUSINESS OR INDUSTRY None

18. BIRTHPLACE (State or foreign country) Baltimore, md

19. CITIZEN OF WHAT COUNTRY? U.S.A.

20. FATHER'S NAME John Cameron Trout

21. MOTHER'S MAIDEN NAME Blakeley

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

23. SOCIAL SECURITY NO.

24. INFORMANT mother

25. ADDRESS

18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Immaturity
DUE TO (A) (B) (C)

II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO (B) (C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 3/4 1953

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9:00 PM 3/4, 1953, to 9:30 PM 3/4, 1953, that I last saw the deceased alive on 3/4, 1953, and that death occurred at 9:30 PM, from the causes and on the date stated above.

23A. SIGNATURE Arthur D. Hurdolph M. D.

23B. ADDRESS Sinai Hospital, Balto. Md.

23C. DATE SIGNED 3/10/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL

24D. LOCATION (City, town, or county) (State) MAR 16 1953

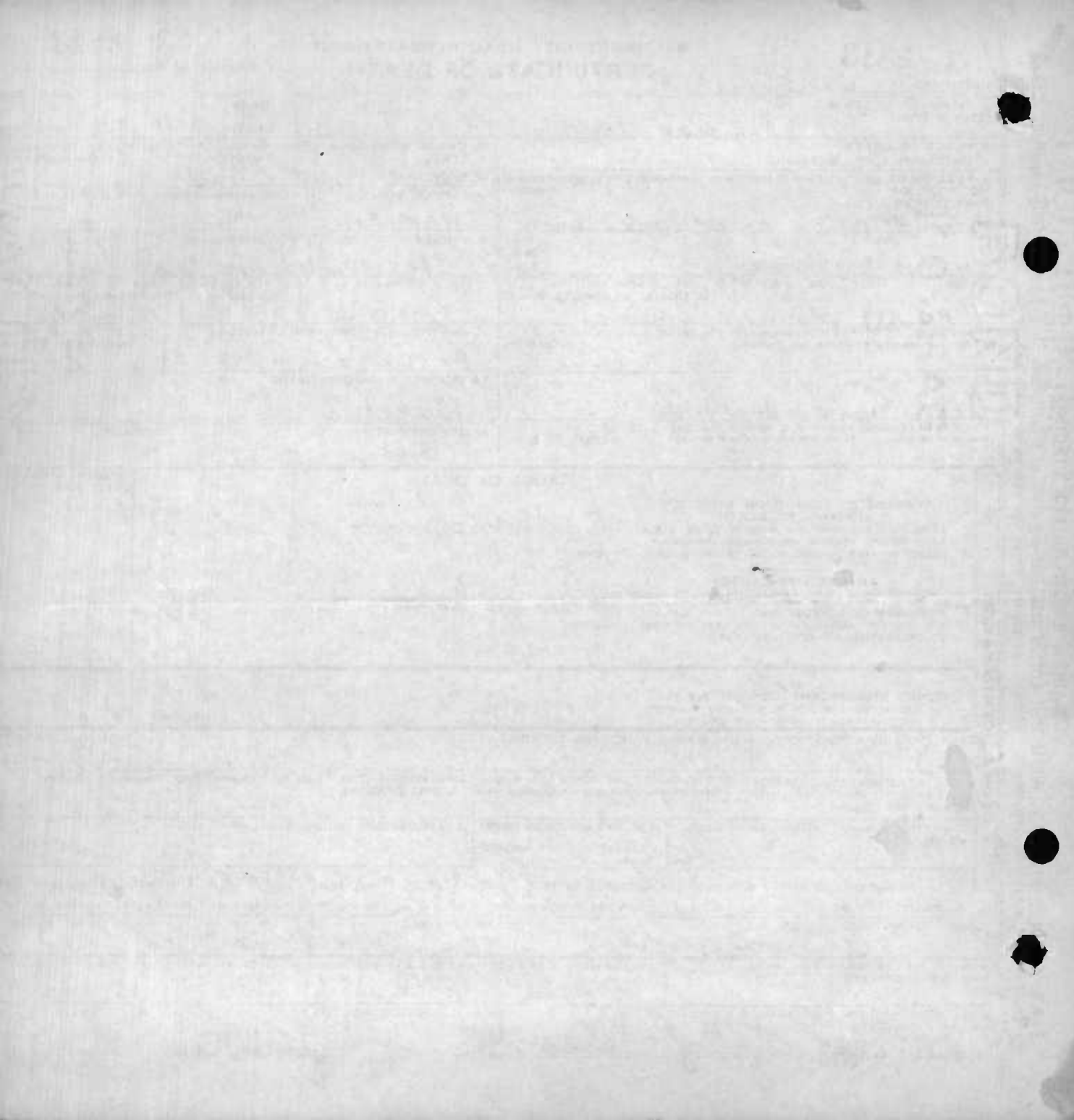
DATE RECEIVED BY LOCAL REGISTRAR MAR 18 1953

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

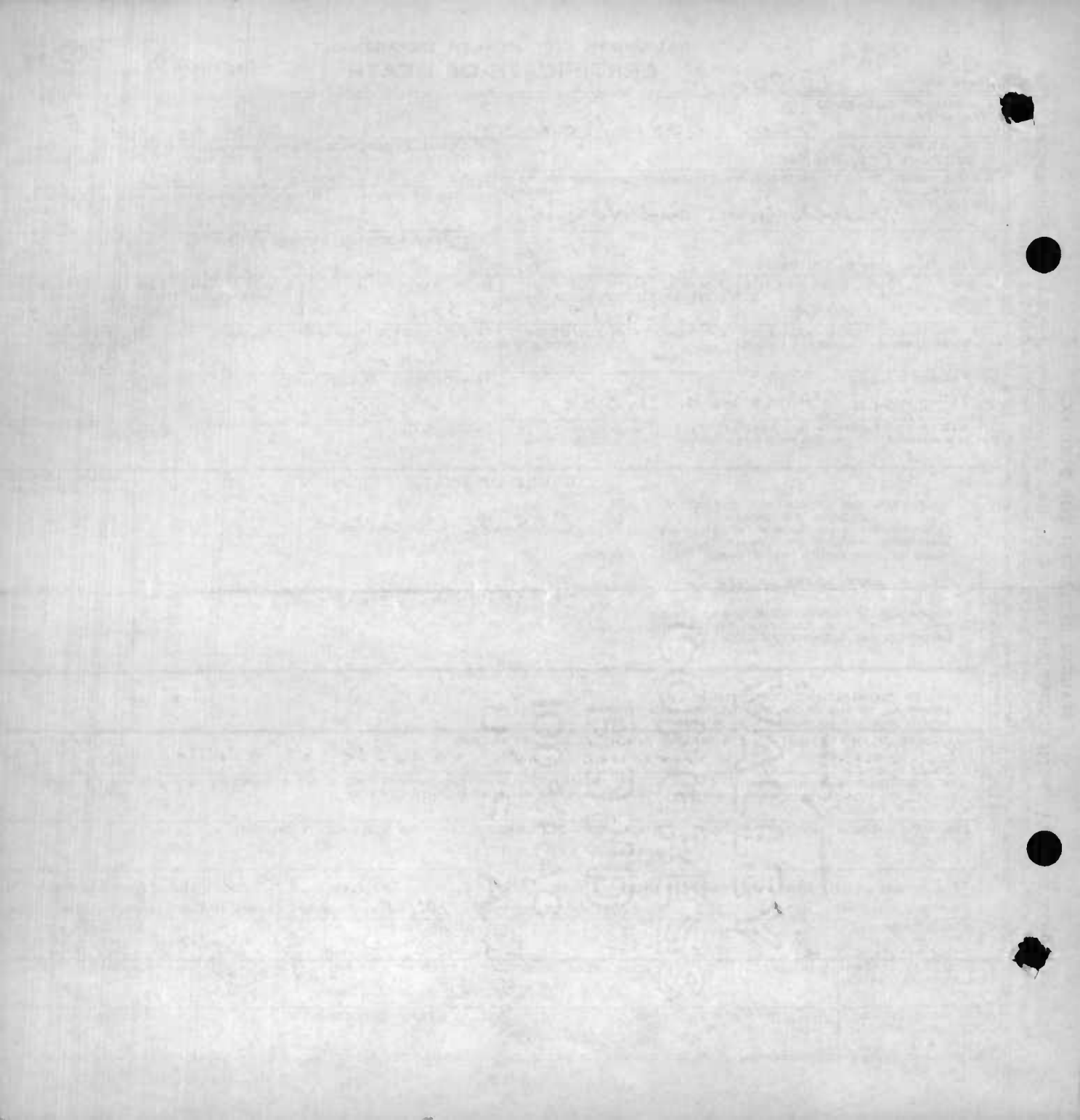
25. FUNERAL DIRECTOR Huntington Williams, M.D.

ADDRESS

VS 150



R-100 53 2814		BALTIMORE CITY HEALTH DEPARTMENT		53 2814	
BIRTH NO. 53-06299		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) <i>Baby Boy Robey</i>			2. DATE OF DEATH <i>3-13-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Church Home and Hospital</i>			<i>3647 McTamm Ave Balto Md.</i>		
C. Length of stay in Baltimore			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>25-41</i>		
D. STREET ADDRESS (If rural, give location) <i>3647 METAVI'S H. AVE.</i>			E. DATE OF BIRTH <i>3-12-53</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	9. AGE (in years last birthday)		H Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>-</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Richard Marvin Robey</i>			14. MOTHER'S MAIDEN NAME <i>ELLA Pasz</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		
18. 761.0 I CAUSE OF DEATH					INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>(A) Abruptio placenta</i>					<i>29 1/2 hrs.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>(B) Intrapartum hemorrhage</i>					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>Born - 3-12-53</i>		19B. MAJOR FINDINGS OF OPERATION <i>Dyspnic and cyanotic at birth</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3-12</i> , 1952, to <i>3-12</i> , 1953, that I last saw the deceased alive on <i>3-13</i> , 1953, and that death occurred at <i>10:10 Pm.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>H. Reed Carroll</i>		23B. ADDRESS <i>M. D. Church Home 31 Hospital</i>		23C. DATE SIGNED <i>3/13/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY <i>JOHN HOPKINS MEDICAL SCHOOL</i>	
24D. LOCATION (City, town, or county) (State)		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 13 1953</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
24G. DATE RECEIVED BY LOCAL REGISTRAR		24H. REGISTRAR'S SIGNATURE		24I. FUNERAL DIRECTOR ADDRESS <i>Huntington Williams, M.D.</i>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Baby Girl Beard*2. DATE
OF
DEATH*March 10, 1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)*38 University Hospital*

C. Length of stay in Baltimore

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)*Maryland BALTIMORE*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Lutherville

D. STREET ADDRESS (If rural, give location)

Lincoln + Bellona Ave. 5900

5. SEX

Female colored

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*single*

8. DATE OF BIRTH

*3-10-53*9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.*12 15*10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Maryland*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Hilton C Beard

14. MOTHER'S MAIDEN NAME

*Bessie Smith*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Father

18.

776x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Prematurity

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3/10*, 1953, to *3/10*, 1953, that I last saw the
deceased alive on *3/10*, 1953, and that death occurred at *4:30 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Virginia Hunter

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

*3-12-53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (city, town, or county)

(State)

*JOHN HOPKINS MEDICAL SCHOOL**MAR 16 1953*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

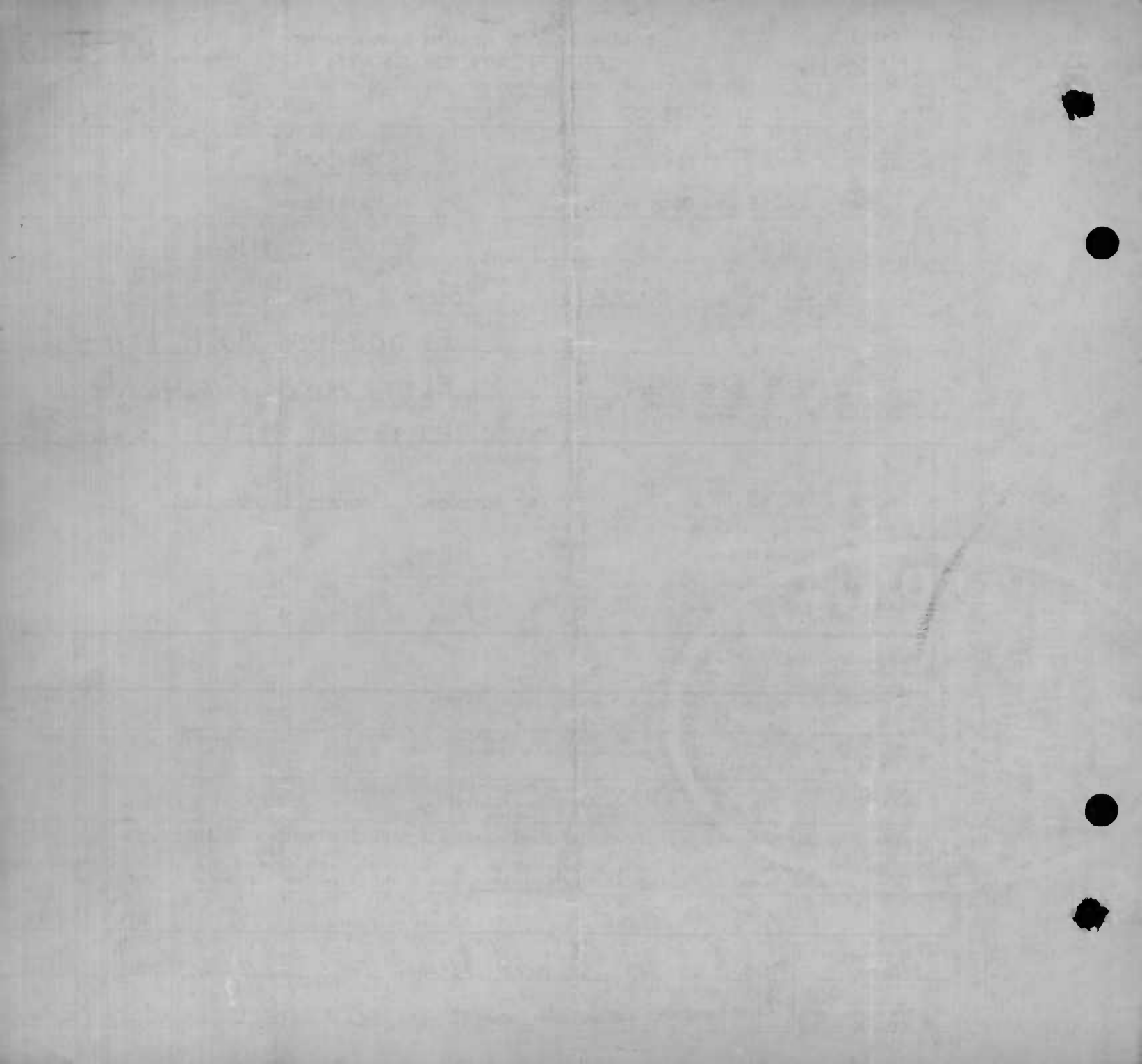
ADDRESS

*Huntington Williams, M.D.**MAR 18 1953*

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 53 2816	
1. NAME OF DECEASED (Type or Print) LEISTER DEVER			2. DATE OF DEATH March 15, 1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland b. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hosp. c. Length of stay in Baltimore Yrs. Mos. Days			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY c. CITY OR TOWN Baltimore d. STREET ADDRESS (If rural, give location) 3253 E. Baltimore Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH Feb. 2, 1930	9. AGE (in years last birthday) 23	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) EL DORADO, ARK.	
13. FATHER'S NAME LEISTER DEVER, SR.			14. MOTHER'S MAIDEN NAME ELSIE MAY Van Hoeser		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT LEISTER DEVER ADDRESS 3253 E. Baltimore St.	
18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Far advanced pulmonary tuberculosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23a. SIGNATURE R. Fisher		23b. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23c. DATE SIGNED March 16, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 19, 1953		24c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cem.	
24d. LOCATION (City, town, or county) (State) Trappe Road, Md.		24e. REGISTRAR'S SIGNATURE Wendell J. Dippel		25. FUNERAL DIRECTOR Wendell J. Dippel ADDRESS 3125 Highland Ave.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2817

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE W. COOMBS

2. DATE
OF
DEATH

3-18-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

UNIVERSITY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

Balto

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Cockeysville

D. STREET ADDRESS (If rural, give location)

York Rd.

5300

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Aug 18, 1873

9. AGE (in years
last birthday)

74

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

watchman

10B. KIND OF BUSINESS OR
INDUSTRY

Balto Co. Rd. Dept

11. BIRTHPLACE (State or foreign country)

Balto Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Coombs

14. MOTHER'S MAIDEN NAME

Mary E. Beckley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or dates of service)

?

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

George W. Coombs, 1879

ADDRESS

18.

331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CEREBRO VASCULAR ACCIDENT

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-17-53, 1953, to 3-18-53, 1953, that I last saw the deceased alive on 3-18-53, 1953, and that death occurred at 2:55 P.M., from the causes and on the date stated above.

23A. SIGNATURE

H. M. Walsh

M. D.

23B. ADDRESS

Univ. Host

23C. DATE SIGNED

3-18-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-21-53

24C. NAME OF CEMETERY OR CREMATORY

Black Rock

24D. LOCATION (City, town, or county)

Butler, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

L. Scott Brooks, Sparks, Md.

ADDRESS

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of health officer		18. Signature of medical examiner		19. Signature of pathologist		20. Signature of anatomist	
21. Signature of coroner		22. Signature of jury		23. Signature of jury		24. Signature of jury	
25. Signature of jury		26. Signature of jury		27. Signature of jury		28. Signature of jury	
29. Signature of jury		30. Signature of jury		31. Signature of jury		32. Signature of jury	
33. Signature of jury		34. Signature of jury		35. Signature of jury		36. Signature of jury	
37. Signature of jury		38. Signature of jury		39. Signature of jury		40. Signature of jury	
41. Signature of jury		42. Signature of jury		43. Signature of jury		44. Signature of jury	
45. Signature of jury		46. Signature of jury		47. Signature of jury		48. Signature of jury	
49. Signature of jury		50. Signature of jury		51. Signature of jury		52. Signature of jury	
53. Signature of jury		54. Signature of jury		55. Signature of jury		56. Signature of jury	
57. Signature of jury		58. Signature of jury		59. Signature of jury		60. Signature of jury	
61. Signature of jury		62. Signature of jury		63. Signature of jury		64. Signature of jury	
65. Signature of jury		66. Signature of jury		67. Signature of jury		68. Signature of jury	
69. Signature of jury		70. Signature of jury		71. Signature of jury		72. Signature of jury	
73. Signature of jury		74. Signature of jury		75. Signature of jury		76. Signature of jury	
77. Signature of jury		78. Signature of jury		79. Signature of jury		80. Signature of jury	
81. Signature of jury		82. Signature of jury		83. Signature of jury		84. Signature of jury	
85. Signature of jury		86. Signature of jury		87. Signature of jury		88. Signature of jury	
89. Signature of jury		90. Signature of jury		91. Signature of jury		92. Signature of jury	
93. Signature of jury		94. Signature of jury		95. Signature of jury		96. Signature of jury	
97. Signature of jury		98. Signature of jury		99. Signature of jury		100. Signature of jury	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2818BIRTH NO. 53 28181. NAME OF DECEASED
(Type or Print)Annie Rice2. DATE
OF
DEATHMar. 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

28. Register St.

c. Length of stay in Baltimore

?Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

2-28-1885

9. AGE (In years last birthday)

68

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 42211

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

BRONCHOPNEUMONIA

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-9, 1953, to 3-15, 1953, that I last saw the deceased alive on 3-15, 1953, and that death occurred at 11:00 P. m., from the causes and on the date stated above.

23A. SIGNATURE

A. H. Evans, Jr.

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3/16/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/19/1953

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Chas. D. Wilson 1000 Broadway

ADDRESS

STATE OF TEXAS
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

DEATH CERTIFICATE

NAME OF DECEASED

AGE

SEX

RACE

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

TIME OF DEATH

TEMPERATURE

PULSE

BLOOD PRESSURE

WEIGHT

HEIGHT

HAIR

EYES

TEETH

SKIN

OTHER

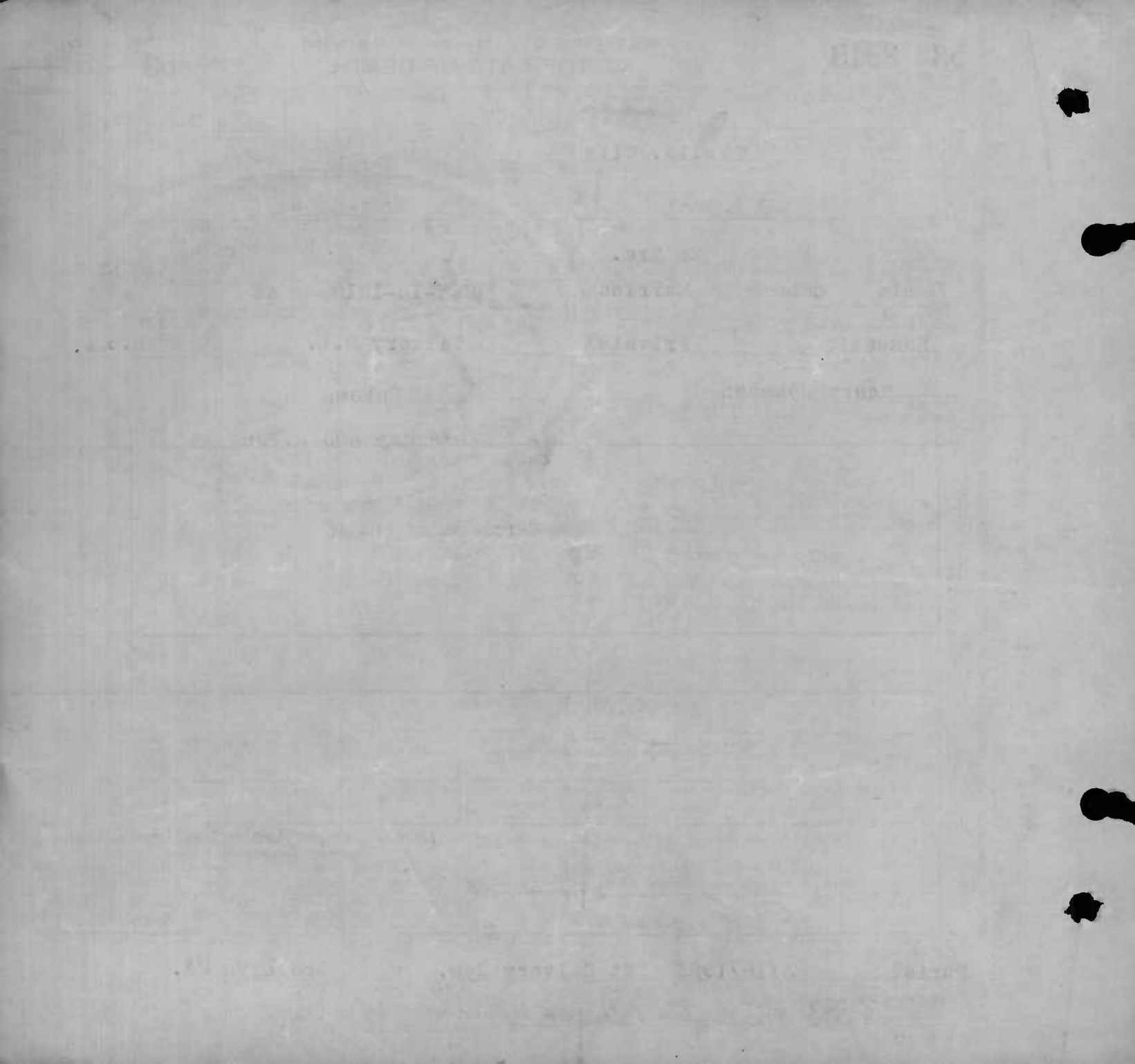
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 2819

BIRTH NO. 53 2819		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 2819	
1. NAME OF DECEASED (Type or Print) BERNETTA GRAY			2. DATE OF DEATH March 12, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 603 N. Bond Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 22 Yrs.			D. STREET ADDRESS (If rural, give location) 603 N. Bond Street		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May-16-1910	9. AGE (In years last birthday) 42	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY Private		11. BIRTHPLACE (State or foreign country) Tillery N.C.	
13. FATHER'S NAME Henry Johnson		14. MOTHER'S MAIDEN NAME Unknown		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Eva May 603 N. Bond St	
18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinomatosis DUE TO Carcinoma of breast ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH Carcinomatosis DUE TO Carcinoma of breast INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>inspection & inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. B. Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED March 13, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/18/1953		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
24D. LOCATION (City, town, or county) (State) Brooklyn Md.		25. FUNERAL DIRECTOR Chryso. Wilson		ADDRESS 1000 Beantown	
DATE RECEIVED BY LOCAL REGISTRAR MAR 18 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		26. ADDRESS 1000 Beantown	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RUTH DUTTERER

2. DATE
OF
DEATH

3/19/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE MARYLAND B. COUNTY Carroll

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

WESTMINSTER

D. STREET ADDRESS (If rural, give location)

R.D. 1

5600

c. Length of stay in Baltimore

19 - Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

3/12/17/1915

9. AGE (In years;
last birthday)

37

10 Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

I own home

11. BIRTHPLACE (State or foreign country)

Penn.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Carlisle Krause

14. MOTHER'S MAIDEN NAME

Daisy Frey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

none.

17. INFORMANT

John V. Dutterer; Westminster, Md.

ADDRESS R.D. 1

18. E 971 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Post-operative shock.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Lye stenosis of esophagus

(C)

CERTIFICATION APPROVED BY

CHIEF OR ASST. MEDICAL EXAMINER

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

SUICIDE

19B. MAJOR FINDINGS OF OPERATION

Lye stenosis of esophagus

20. AUTOPSY?

YES ☐ NO ☒21A. PLACE WHERE DECEASED WAS UNDER
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

None

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

RD #1 - Westminister, Md.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

January '53

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☒

21F. HOW DID INJURY OCCUR?

Throat lye during depression in
post partum psychosis22. I hereby certify that I attended the deceased from 3 19 1953, to 3/19/53, that I last saw the
deceased alive on 3/19/53, and that death occurred at 2:30 am., from the causes and on the date stated above.

23A. SIGNATURE

Samuel W. Deisher

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

3/19/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/21/53

24C. NAME OF CEMETERY OR CREMATORY

St. Marys Cemetery

24D. LOCATION (City, town, or county)

Silver Run, Carroll Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. M. Little & Son, Littlestown, PA.

ADDRESS

STATE OF NEW YORK
DEPARTMENT OF HEALTH

NEW YORK, N.Y.

1918

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2821

BIRTH NO. 53 2821

1. NAME OF DECEASED (Type or Print) ABRAHAM ROTHENBERG			2. DATE OF DEATH 3-18-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2520 Shirley Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-13		
D. STREET ADDRESS (If rural, give location) 2520 Shirley Ave			E. Length of stay in Baltimore 53 Yrs. Mos. Days		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 7-3		9. AGE (In years last birthday) 73
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Russia	
13. FATHER'S NAME not known			14. MOTHER'S MAIDEN NAME not known		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Jack Rothenberg ADDRESS	
18. 581.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pneumonia			CAUSE OF DEATH (A) Pneumonia DUE TO		INTERVAL BETWEEN ONSET AND DEATH 4 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Ascitis			(B) Ascitis DUE TO		6 mo.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diverticulitis			(C) Cirrhosis liver DUE TO		?
19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from September 18, 1952 to March 18, 1953 , that I last saw the deceased alive on March 17, 1953 , and that death occurred at 5 PM , from the causes and on the date stated above.					
23A. SIGNATURE Harry Kelmenson		23B. ADDRESS 1308 Eutaw Place		23C. DATE SIGNED March 18, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-19-53		24C. NAME OF CEMETERY OR CREMATORY United Hebrew	
24D. LOCATION (City, town, or county) (State) Balto Md		24E. NAME OF CEMETERY OR CREMATORY United Hebrew		24F. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR MAR 19 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Jack Lewis ADDRESS 2100 Eutaw Pl	

Kelmenson
1308 Eutaw Pl
Ra 5784

53 2822

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

GRIFFITH, PHOEBE

2. DATE
OF
DEATH

3/16/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE Maryland; B. COUNTY Anne Arundel

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Glen Burnie

D. STREET ADDRESS (If rural, give location)

8 Central Ave.

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

7/30/01

9. AGE (in years last birthday)

51

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Thomas F. Lease

14. MOTHER'S MAIDEN NAME

Sarah K. Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, as or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs. Nellie Hessel

Baltimore, Md.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Cerebro-vascular Accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) Hypertensive Crisis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3/16/53, 19__, to 3/16/53, 19__, that I last saw the deceased alive on 3/16/53, 19__, and that death occurred at 5:35 A.m., from the causes and on the date stated above.

23A. SIGNATURE

C. R. Ridinger

23B. ADDRESS

2300 W. 4th St.

23C. DATE SIGNED

3/16/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 20, 1953

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven

24D. LOCATION (City, town, or county)

Glen Burnie, AA. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

R. K. Singleton Glen Burnie, Md.

M-130
53 2823BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

53 2823

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

LAURA E. MOFFITT

2. DATE
OF
DEATH

3/18/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore Essex 5354

D. STREET ADDRESS (If rural, give location)

324 Miller Rd. Rt #1

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

7

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

May 27 - 1908

9. AGE (in years
last birthday)

45

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

West Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Erwin Wade

14. MOTHER'S MAIDEN NAME

Anna Howard

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

220-12-4482

17. INFORMANT

ADDRESS

Kenneth K. Moffitt - 324 Miller Rd

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Uremia

6 mos.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Malignant Hypertension

7 years

DUE TO

(C)

Hypertensive Cardiovascular Dis.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/17, 1953 to 3/18, 1953 that I last saw the deceased alive on 3/17, 1953, and that death occurred at 1:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Julius S. Buer

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

3/18/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/20/53

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

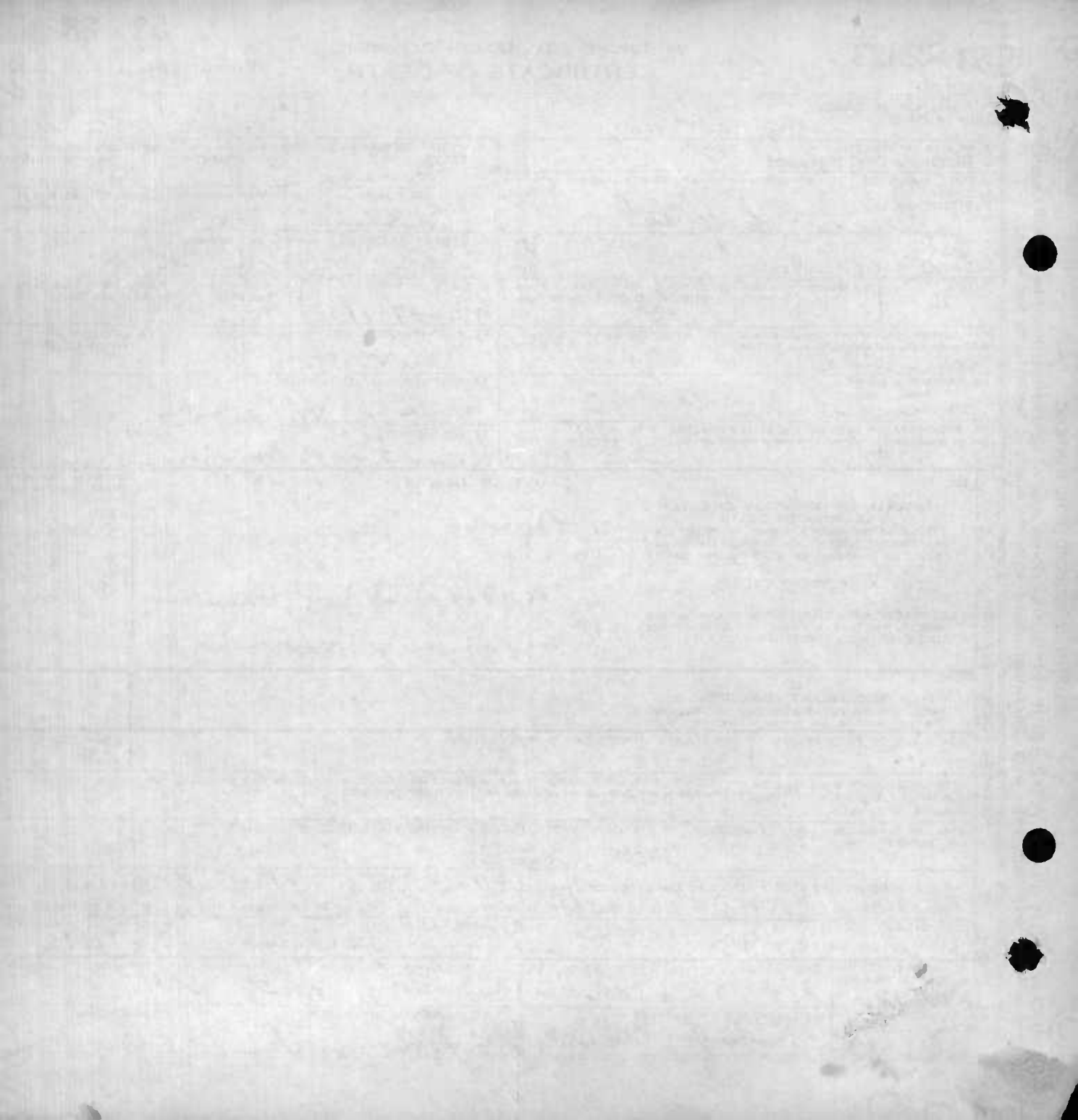
C. L. Brzdzinski 407 Eastern Ave. Rd.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



MAUDE JONES

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

 53 2824
 Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MAUDE JONES

2. DATE
OF
DEATH

3-15-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

37 MERCY HOSPITAL

C. Length of stay in Baltimore

?

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO.

4-02

D. STREET ADDRESS (If rural, give location)

240 PINE ST.

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SGL.

8. DATE OF BIRTH

5/26/03

9. AGE (In years
last birthday)

49

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

DOMESTIC

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

VIRGINIA

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Not known

14. MOTHER'S MAIDEN NAME

CAROLINE SCOTT

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

LUCY BAFFORD

225 N. PINE ST.

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH
 I
 DISEASE OR CONDITION DIRECTLY
 LEADING TO DEATH
 (This does not mean the mode of dying, e. g.,
 heart failure, asthenia, etc. It means the disease,
 injury or complication which caused death.)

(A) UREMIA - Nephrosclerosis

DUE TO

10 DAYS

ANTECEDENT CAUSES

 DISEASES OR CONDITIONS, IF ANY, GIVING
 RISE TO THE ABOVE CAUSE (A) STATING THE
 UNDERLYING CONDITION LAST.

DUE TO

(C)

1 YR.

II

 OTHER SIGNIFICANT CONDITIONS CON-
 TRIBUTING TO THE DEATH, BUT NOT RELATED
 TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

 22. I hereby certify that I attended the deceased from 3-13, 1953, to 3-15, 1953, that I last saw the
 deceased alive on 3-15, 1953, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Charles R. DeLoach M. D.

Mercy Hospital

3-15-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Mar 19th/03 Mt Calvary

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

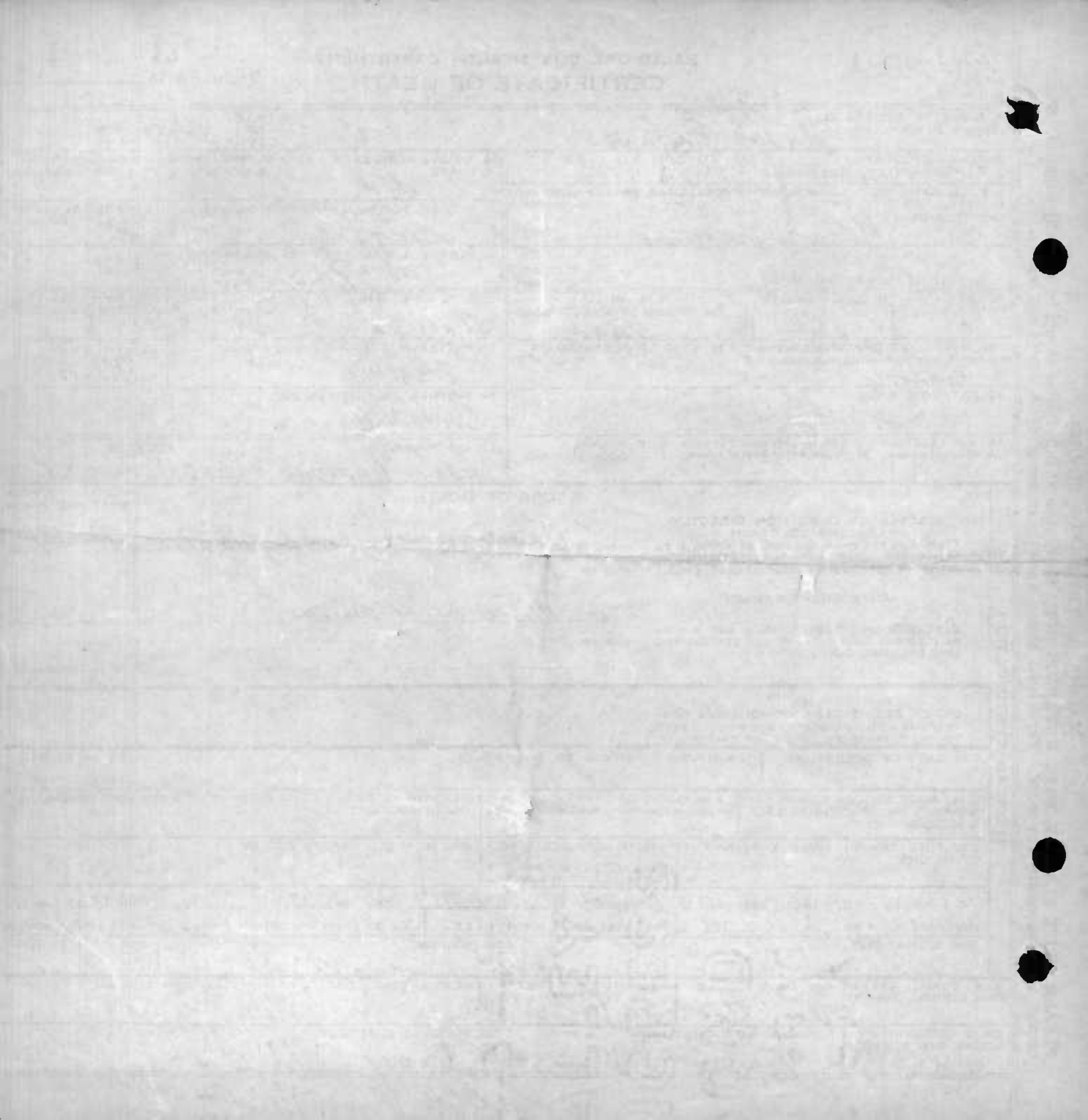
ADDRESS

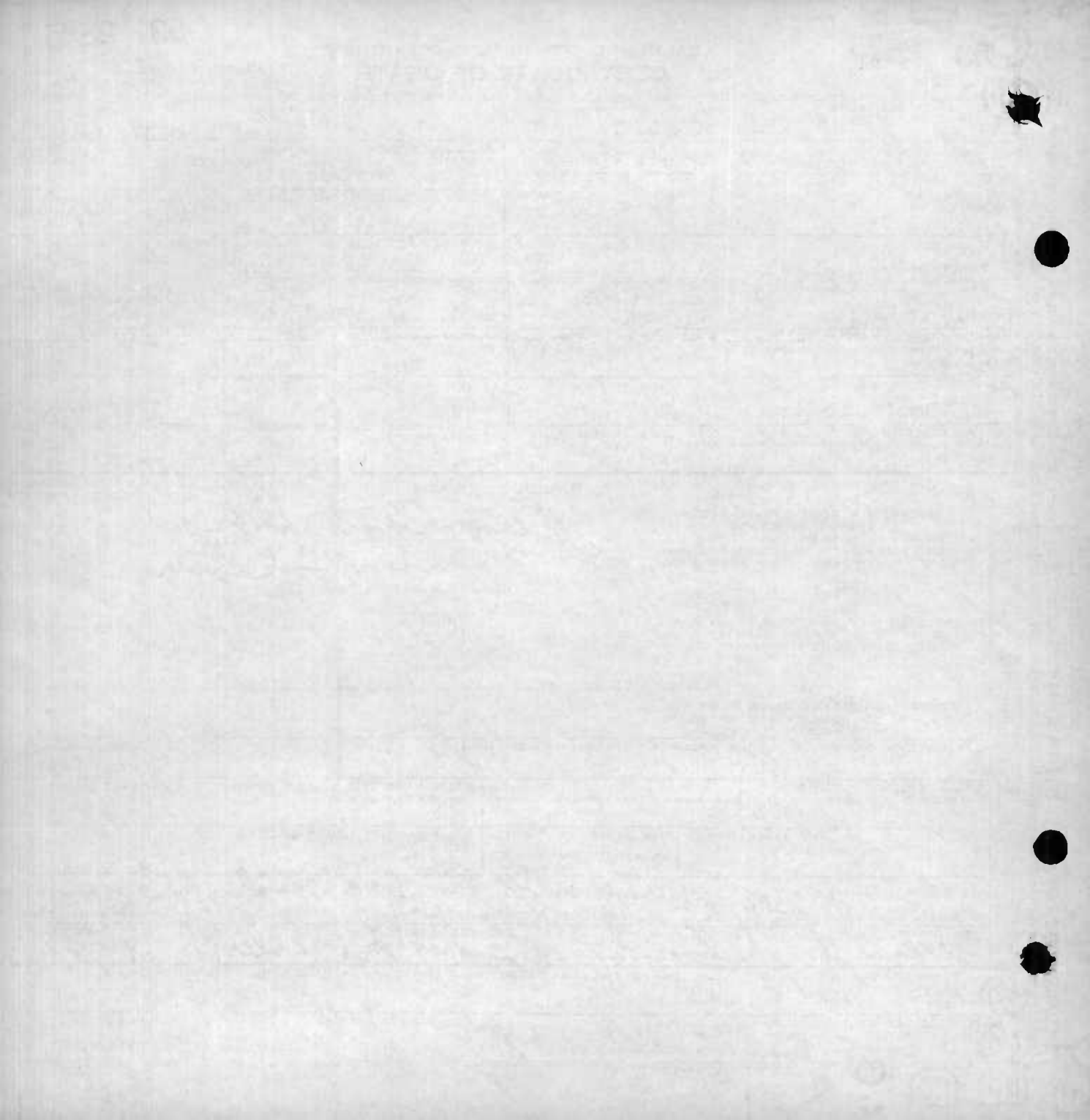
MAR 19 1953

Huntington Williams, M.D.

Choy O Wilson

7208A 1006 Brantley Ave





BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2826

53 2826

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROBERT NEEL STEWART

2. DATE
OF
DEATH

March 17, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

a. STATE

b. COUNTY

before admission)

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

MERCY HOSPITAL

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

27-09

d. STREET ADDRESS (If rural, give location)

1420 Northgate Rd.

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Yrs.
Mos.
Days

8. DATE OF BIRTH

Jan 28, 1953

9. AGE (in years last birthday)

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

6 weeks

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

FRANK STEWART

14. MOTHER'S MAIDEN NAME

VIRGINIA RAPPOLI

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

NEEL STEWART 1650 NORTHGATE

18.

570.5

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

March 16, 1953

19b. MAJOR FINDINGS OF OPERATION

Release of obstruction

20. AUTOPSY?

YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT WORK

NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 16, 1953, to March 17, 1953, that I last saw the deceased alive on March 17, 1953, and that death occurred at 1:45 p. m., from the causes and on the date stated above.

23a. SIGNATURE

Martin Trona-Cortez

M. D.

23b. ADDRESS

Mercy Hospital

23c. DATE SIGNED

3-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24b. DATE

MAR 19, 1953

24c. NAME OF CEMETERY OR CREMATORY

PARKWOOD

24d. LOCATION (City, town, or county)

PARKVILLE MD

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 19 1953

Huntington Williams, M.D.

WILLRICH FUNERAL HOME 2008 ORLEANS ST

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

CERTIFICATE OF DEATH

FILE NO. _____

DATE OF DEATH _____

NAME OF DECEASED _____

AGE _____

SEX _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

CAUSE OF DEATH _____

DATE OF DEATH _____

PLACE OF DEATH _____

DATE OF DEATH _____

PLACE OF DEATH _____

DATE OF DEATH _____

PLACE OF DEATH _____

DATE OF DEATH _____

PLACE OF DEATH _____

DATE OF DEATH _____

PLACE OF DEATH _____

DATE OF DEATH _____

PLACE OF DEATH _____

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

TALBOTT, Harry G

2. DATE
OF
DEATH

3/18/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. Length of stay in Baltimore

65 years

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Builder

10B. KIND OF BUSINESS OR
INDUSTRY

Construction

13. FATHER'S NAME

Samuel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

5/7/88

9. AGE (in years;
last birthday)

66

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Texas

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

17. INFORMANT

ADDRESS

18. 541.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Peptic ulcer & hemorrhage
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO(C)
DUE TOINTERVAL BETWEEN
ONSET AND DEATH

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/13, 1953, to 3/18, 1953, that I last saw the
deceased alive on 3/18, 1953, and that death occurred at Univ Hosp., from the causes and on the date stated above.

23A. SIGNATURE

Chas. B. Smith, Jr.

M. D.

23B. ADDRESS

Univ Hosp., Balto

23C. DATE SIGNED

3/18/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

MAR. 21-1953

24C. NAME OF CEMETERY OR CREMATORY

DARK WOOD

24D. LOCATION (City, town, or county)

DARKVILLE MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

VULFRICH FUNERAL HOME 2001 ORLEANS

CERTIFICATE OF DEATH

ESTIMATED

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2828BIRTH NO. 53 28281. NAME OF DECEASED
(Type or Print)FRED ANTHONY MUNDY2. DATE
OF
DEATHMarch 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Provident Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE 2407 W. Mosher St

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION1514 Division St #17

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balta Md.16-05

D. STREET ADDRESS (If rural, give location)

2407 W. Mosher St.

C. Length of stay in Baltimore

15 yrsYrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

Widowed

WIDOWED, DIVORCED (Specify)

B. DATE OF BIRTH

Sept 7, 1885

9. AGE (In years

67

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Home Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Medical Arts Bldg.

11. BIRTHPLACE (State or foreign country)

Madison, N.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Marcus Mundy

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs Doris Washington

ADDRESS

Same1B. 177X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cancer of Prostate Glands

INTERVAL BETWEEN ONSET AND DEATH

44 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Metastasis

DUE TO

(C)

None

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(D)

None

19A. DATE OF OPERATION

2/10/53

19B. MAJOR FINDINGS OF OPERATION

Metastasis of C.A. to Scrotum bilateral

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-2 1953, to 3-18 1953, that I last saw the deceased alive on 3-18 1953, and that death occurred at 5:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/21/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Hope

24D. LOCATION (City, town, or county) (State)

Allantic City, N.J.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 19 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Charles R. Law, 803 Mad. ave

ADDRESS

VS 150

97074

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct date is especially important. Physicians: please write the causes of death clearly and legibly.

CENTRE CASE OF DEATH

1. NAME

2. AGE

3. SEX

4. OCCUPATION

5. RELIGION

6. EDUCATION

7. MARRIAGE

8. CHILDREN

9. DEATH

10. BURIAL

11. TESTIMONY

12. VERDICT

13. REMARKS

14. SIGNATURE

15. DATE

16. PLACE

17. JUDGE

18. CLERK

53 2829

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2829

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Eus Cargas (Cargakos)

2. DATE
OF
DEATH

3-16-53.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 25

D. STREET ADDRESS (If rural, give location)

5250 Ave. 5250

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (In years
last birthday)

62

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR
INDUSTRY

Restaurant

11. BIRTHPLACE (State or foreign country)

Greece

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT #5-8th Av. ADDRESS

Son

Same

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Cerebrovascular Accident
DUE TO Hypertensive C.V. Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 3-16, 1953, to 3-16, 1953 that I last saw the
deceased alive on 3-16, 1953, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

George J. Sten

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

3-16-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 19 1953

Huntington Williams

Ambros Funeral Home Inc

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Case No. 100-100000

10

Section 10, Township 10N, Range 10E, T10N, R10E, S10E

Section 10, Township 10N, Range 10E, T10N, R10E, S10E

Section 10, Township 10N, Range 10E, T10N, R10E, S10E

Section 10, Township 10N, Range 10E, T10N, R10E, S10E

Section 10, Township 10N, Range 10E, T10N, R10E, S10E

Section 10, Township 10N, Range 10E, T10N, R10E, S10E

Section 10, Township 10N, Range 10E, T10N, R10E, S10E

Section 10, Township 10N, Range 10E, T10N, R10E, S10E

Section 10, Township 10N, Range 10E, T10N, R10E, S10E

Section 10, Township 10N, Range 10E, T10N, R10E, S10E

Section 10, Township 10N, Range 10E, T10N, R10E, S10E

Section 10, Township 10N, Range 10E, T10N, R10E, S10E

Section 10, Township 10N, Range 10E, T10N, R10E, S10E

Section 10, Township 10N, Range 10E, T10N, R10E, S10E

Section 10, Township 10N, Range 10E, T10N, R10E, S10E

Section 10, Township 10N, Range 10E, T10N, R10E, S10E

Section 10, Township 10N, Range 10E, T10N, R10E, S10E

Section 10, Township 10N, Range 10E, T10N, R10E, S10E

Section 10, Township 10N, Range 10E, T10N, R10E, S10E

Section 10, Township 10N, Range 10E, T10N, R10E, S10E

Section 10, Township 10N, Range 10E, T10N, R10E, S10E

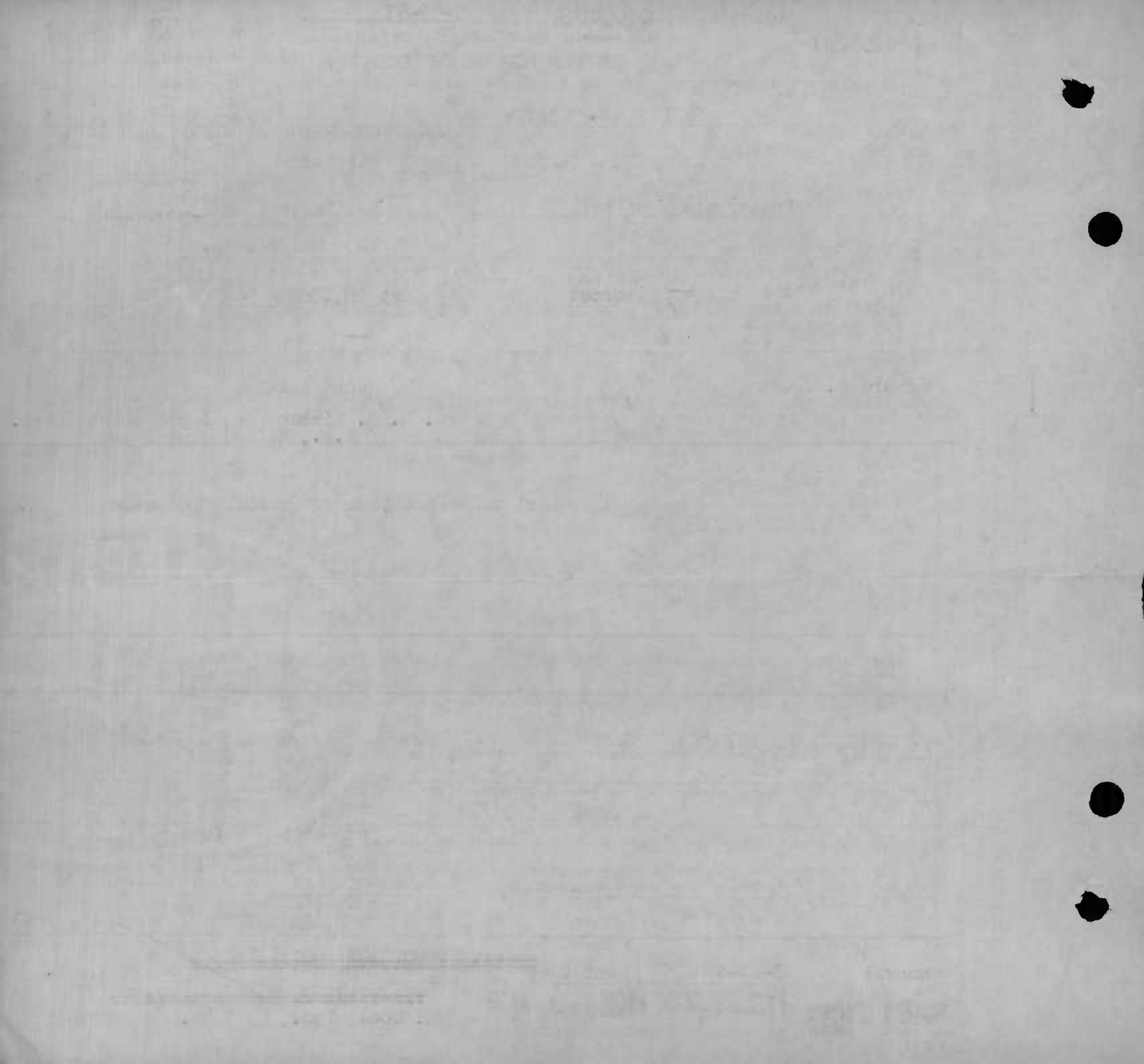
Section 10, Township 10N, Range 10E, T10N, R10E, S10E

Section 10, Township 10N, Range 10E, T10N, R10E, S10E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-350 53 2830		3-19-53 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 2830 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
SIDNEY A. TATEM			March 16, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 21-01		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 1036 Maldeis St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) U- Divorced	8. DATE OF BIRTH August 28, 1888	9. AGE (In years last birthday) 64 1/2	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY K	11. BIRTHPLACE (State or foreign country) K --		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Edward R. Tatem			14. MOTHER'S MAIDEN NAME Anna Battley		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. L. N. Misenhamer, 1008 Hamhill Ave. N.W., Atlanta, Georgia		
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Arteriosclerotic cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE B. F. Fisher		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR		23C. DATE SIGNED March 16, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 3-19-53		24C. NAME OF CEMETERY OR CREMATORY West View	
DATE RECEIVED BY LOCAL REGISTRAR MAR 19 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Wm. Cook, Inc., 1217 St. Paul Street	
24D. LOCATION (City, town, or county) (State) Atlanta, Ga.		24E. LOCATION (City, town, or county) (State) Atlanta, Ga.			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2831BIRTH NO. 53 2831

1. NAME OF DECEASED (Type or Print) <u>Owings, Marion Leontine</u>			2. DATE OF DEATH <u>March 18, 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's</u>			C. CITY OR TOWN <u>Baltimore</u> (If outside corporate limits, write RURAL and give township)		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <u>1401 E. North Ave.</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 25, 1903</u>		9. AGE (In years last birthday) <u>49</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Futterman's Pharmacy</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <u>Clemence Hesse</u>		
14. MOTHER'S MAIDEN NAME <u>Carrie Plitt</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <u>Boyd L. Owings, 1401 E. North Avenue</u>		

18. <u>204.0</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Leukemia, lymphatic, acute</u> DUE TO		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		

19A. DATE OF OPERATION <u>2</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>March 7, 1953</u> to <u>March 18, 1953</u> , that I last saw the deceased alive on <u>March 18, 1953</u> , and that death occurred at <u>4:45 a.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>R. J. Brainer</u> M. O.		23B. ADDRESS <u>1400 N. Caroline St.</u>		23C. DATE SIGNED <u>March 18, 1953</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>3/21/53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Loudon Park Cemetery</u>	
24D. LOCATION (City, town, or county) <u>Baltimore, Maryland</u>		24E. FUNERAL DIRECTOR <u>Huntington Williams, North M. Cook, Inc.</u>		24F. ADDRESS <u>1217 St. Paul Street</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 19 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2832
Registered No. 53 2832

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM EDWARD MONDSHOUR

2. DATE
OF
DEATH

March 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

1542 Abbottson Street

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1542 Abbottson Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept. 30, 1887

9. AGE (In years
last birthday)

65

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Coast Guard Service

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Mondshour

14. MOTHER'S MAIDEN NAME

Susan Graham

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Alice Mondshouer - 1542 Abbottson St

18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cirrhosis of the liver

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*William J. Pickner*23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

March 17, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/20/53

24C. NAME OF CEMETERY OR CREMATORY

Balto. National Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 19 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Pickner & Sons

ADDRESS

Balto 17, Md.

VS 151

59591

Handwritten text in Arabic script, likely a signature or date, located at the bottom left of the page.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

IRENE FEESER

2. DATE OF DEATH
March 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

336 E. University Pkwy.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

336 E. University Pkwy.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

June 9, 1890

9. AGE (In years last birthday)

62

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Home Maker

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Penna.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Thomas O. Feeser

14. MOTHER'S MAIDEN NAME

Lydia C. Bair

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Mr. LeRoy T. Feeser - 2315 Chelsea Terr.

18. 151X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma of stomach

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1952, 19, to 3-17, 1953, that I last saw the deceased alive on 3-16, 1953 and that death occurred at 9:15 m., from the causes and on the date stated above.

23A. SIGNATURE

A. H. Ewald

M. D.

23B. ADDRESS

36 York Court

23C. DATE SIGNED

3-18-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

3/19/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel Cem.

24D. LOCATION (City, town, or county)

Littlestown, Pa.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CERTIFICATE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

AGE OF DECEASED

SEX OF DECEASED

EDUCATION

OCCUPATION

RELIGION

ETHNICITY

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

PLACE OF MARRIAGE

DATE OF DIVORCE

PLACE OF DIVORCE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2834

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUIS J. LEARY

2. DATE
OF
DEATH

MARCH 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE, MD

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Lutheran Hospital of Maryland Inc.46
c. Length of stay in BaltimoreYrs.
Mos.
Days

Since Birth

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND B. COUNTY BALTIMORE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 17-03

D. STREET ADDRESS (If rural, give location)

1463 Kuper Place

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Dec. 16, 1900

9. AGE (in years
last birthday)

52

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Mechanic

10B. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

James Leary

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.
705-07-6453

17. INFORMANT

MAS THEMA EMERICH

ADDRESS

18 S Rosedale
GILMER 6367W

18. 581.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Laennec's Cirrhosis

INTERVAL BETWEEN
ONSET AND DEATH

approx 15 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Chronic Alcoholism

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 9, 1953, to MARCH 17, 1953, that I last saw the deceased alive on March 16, 1953, and that death occurred at 6 A. M., from the causes and on the date stated above.

23A. SIGNATURE

William D. Rosson M.D.

23B. ADDRESS

Lutheran Hospital Md.

23C. DATE SIGNED

3/17/53

24A. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

24B. DATE

3/20/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Edm J. Pickner & Sons

ADDRESS

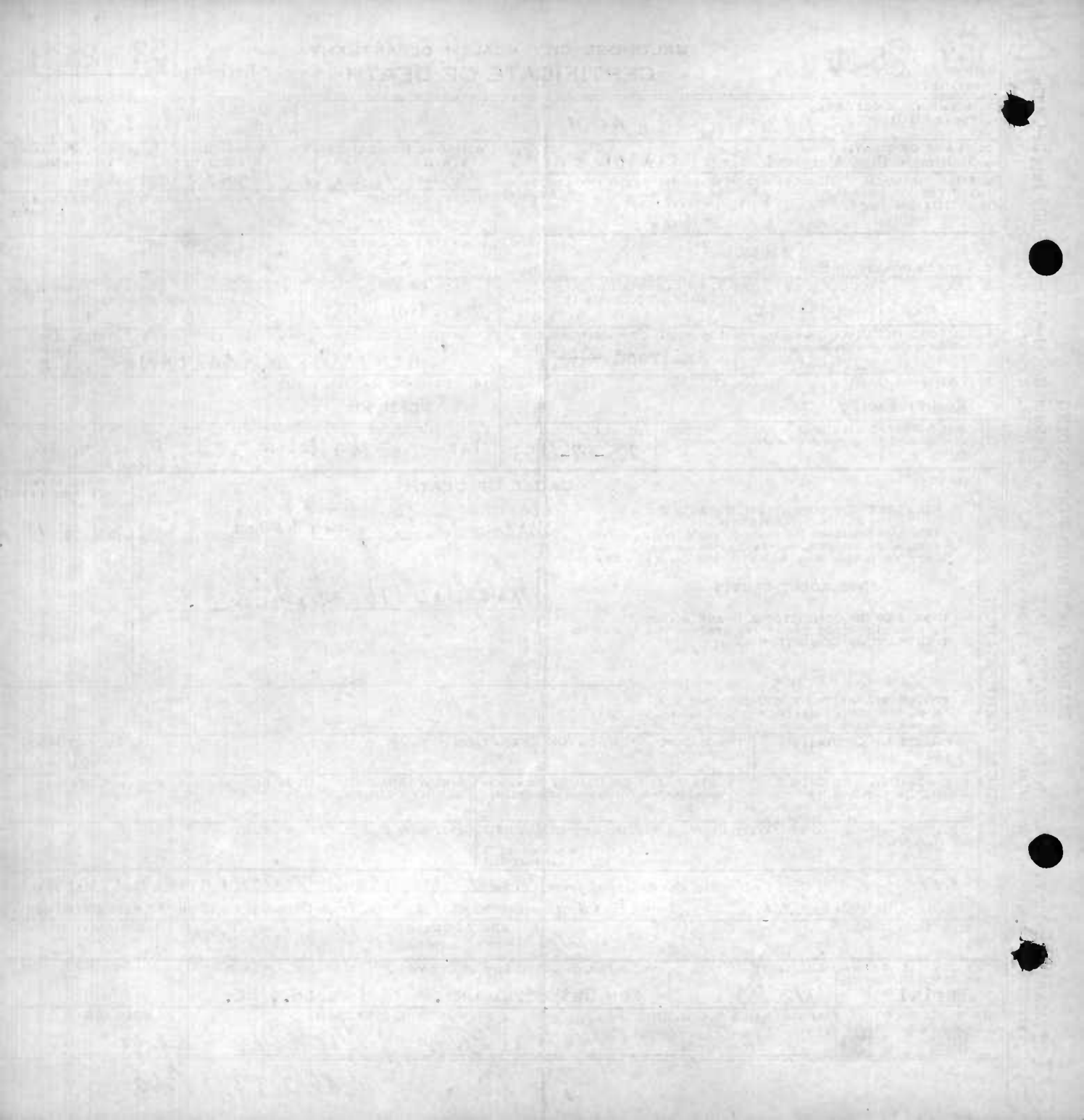
Balto 17, Md.

VS 150

55450

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct address is especially important. Physicians: please write the causes of death clearly and legibly.



53 2835

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2835
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN Joseph SERIO

2. DATE
OF
DEATH

3/17/53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Murray Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

a. STATE b. COUNTY

Maryland Balto.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 16-01

d. STREET ADDRESS (If rural, give location)

30 41 Presstman St.

c. Length of stay in Baltimore

48

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9/15/1896

9. AGE (in years
last birthday)

36

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Co-Owner

10b. KIND OF BUSINESS OR
INDUSTRY

Self Fruit

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.??

13. FATHER'S NAME

Joseph Serio

14. MOTHER'S MAIDEN NAME

Concetta Giglio

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

World No. 1

16. SOCIAL
SECURITY NO.

17. INFORMANT

Same

ADDRESS

18. 016x

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

Interference of R. Kidney
Pyloric Stenosis
Intestinal ObstructionINTERVAL BETWEEN
ONSET AND DEATH

14 yrs +

ANTECEDENT CAUSES

(B) DUE TO

TBC Gethia - Menia

5 days

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) DUE TO

TBC Gethia - Menia

14 yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

3/13/53

19b. MAJOR FINDINGS OF OPERATION

Gastric - TBC Gethia

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/11/1953 to 3/17/1953 that I last saw the deceased alive on 3/17, 1953, and that death occurred at 4:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE

W. B. Revell Jr.

23b. ADDRESS

Murray Hospital

23c. DATE SIGNED

3/17/53

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

3/21/53

24c. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24d. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

J. M. J. Dickerson & Sons

ADDRESS

Balto 17, Md.

DEPARTMENT OF HEALTH
STATE OF NEW YORK
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of medical examiner		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of health officer		17. Signature of board of health		18. Signature of state health department	
19. Signature of state health department		20. Signature of state health department		21. Signature of state health department	
22. Signature of state health department		23. Signature of state health department		24. Signature of state health department	
25. Signature of state health department		26. Signature of state health department		27. Signature of state health department	
28. Signature of state health department		29. Signature of state health department		30. Signature of state health department	
31. Signature of state health department		32. Signature of state health department		33. Signature of state health department	
34. Signature of state health department		35. Signature of state health department		36. Signature of state health department	
37. Signature of state health department		38. Signature of state health department		39. Signature of state health department	
40. Signature of state health department		41. Signature of state health department		42. Signature of state health department	
43. Signature of state health department		44. Signature of state health department		45. Signature of state health department	
46. Signature of state health department		47. Signature of state health department		48. Signature of state health department	
49. Signature of state health department		50. Signature of state health department		51. Signature of state health department	
52. Signature of state health department		53. Signature of state health department		54. Signature of state health department	
55. Signature of state health department		56. Signature of state health department		57. Signature of state health department	
58. Signature of state health department		59. Signature of state health department		60. Signature of state health department	
61. Signature of state health department		62. Signature of state health department		63. Signature of state health department	
64. Signature of state health department		65. Signature of state health department		66. Signature of state health department	
67. Signature of state health department		68. Signature of state health department		69. Signature of state health department	
70. Signature of state health department		71. Signature of state health department		72. Signature of state health department	
73. Signature of state health department		74. Signature of state health department		75. Signature of state health department	
76. Signature of state health department		77. Signature of state health department		78. Signature of state health department	
79. Signature of state health department		80. Signature of state health department		81. Signature of state health department	
82. Signature of state health department		83. Signature of state health department		84. Signature of state health department	
85. Signature of state health department		86. Signature of state health department		87. Signature of state health department	
88. Signature of state health department		89. Signature of state health department		90. Signature of state health department	
91. Signature of state health department		92. Signature of state health department		93. Signature of state health department	
94. Signature of state health department		95. Signature of state health department		96. Signature of state health department	
97. Signature of state health department		98. Signature of state health department		99. Signature of state health department	
100. Signature of state health department		101. Signature of state health department		102. Signature of state health department	

53 2836

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2836

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY STANCHFIELD KELLY

2. DATE
OF
DEATH

Mar. 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2803 Garrison Blvd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2803 Garrison Blvd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

June 29, 1858

9. AGE (In years
last birthday) Months Days Hours Min.

94

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Wisconsin

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Stephen Decatur Stanchfield

14. MOTHER'S MAIDEN NAME

Evaline Rice

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Olney R. Payne - 4016 Bateman Ave.

18. 450.0 and 237X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Anterior Polycystic

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Brain Pressure (Tumor)

DUE TO

(C) Acute Nephritis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 19, 1952 to March 15, 1953, that I last saw the
deceased alive on March 14, 1953, and that death occurred at 2:30 Am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

3/23/53

24C. NAME OF CEMETERY OR CREMATORY

Church of Redeemer Cem.

24D. LOCATION (City, town, or county)

Bryn Mawr, Pa.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

E-156
53 2837BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2837

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Phillipine H. Ebner

2. DATE
OF
DEATH

3/18/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Md. Balto. Gen. Hosp.

C. Length of stay in Baltimore

45
60Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1118 Cleveland St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1/23/1893

9. AGE (In years
last birthday)

70

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Czechoslovakia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

Mr. Nicholas P. Ebner

ADDRESS

98 ST. Cleveland

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

2 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerotic Cardiovascular Disease

(C)

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-16, 1951, to 3-18, 1953, that I last saw the deceased alive on 3-18, 1953, and that death occurred at 11:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

John P. Unlocks, Jr.

M. D.

23B. ADDRESS

1227 Wash. Blvd.

23C. DATE SIGNED

3-18-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/21/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cem.

24D. LOCATION (City, town, or county)

Wood Lawn Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 19 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Lowan & Son

ADDRESS

98 ST.

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
OFFICE OF THE CHIEF, BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

PLANT INDUSTRY
BUREAU OF PLANT INDUSTRY
OFFICE OF THE CHIEF, BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

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OFFICE OF THE CHIEF, BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

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WASHINGTON, D. C.

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WASHINGTON, D. C.

PLANT INDUSTRY
BUREAU OF PLANT INDUSTRY
OFFICE OF THE CHIEF, BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

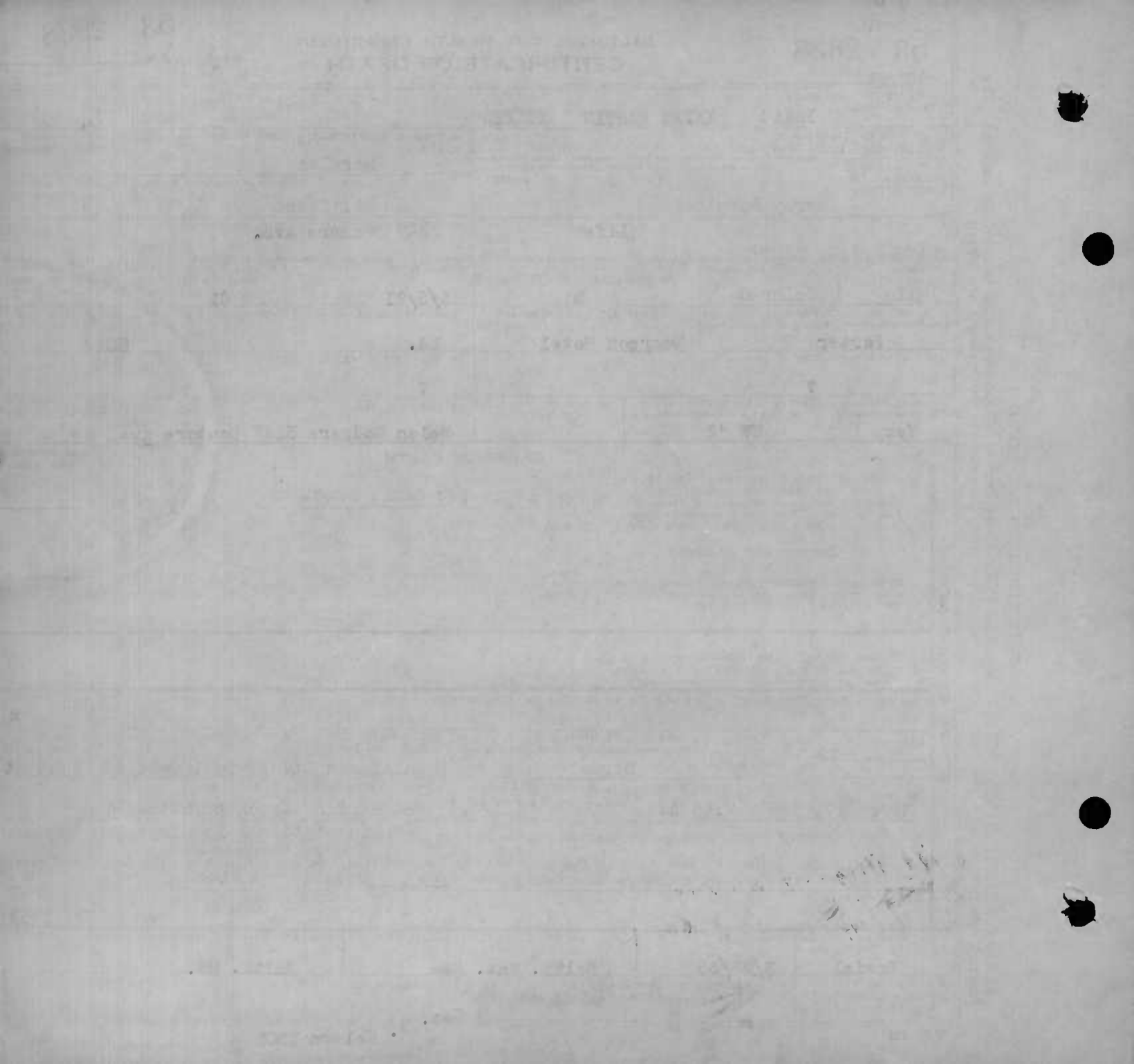
PLANT INDUSTRY
BUREAU OF PLANT INDUSTRY
OFFICE OF THE CHIEF, BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

PLANT INDUSTRY
BUREAU OF PLANT INDUSTRY
OFFICE OF THE CHIEF, BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

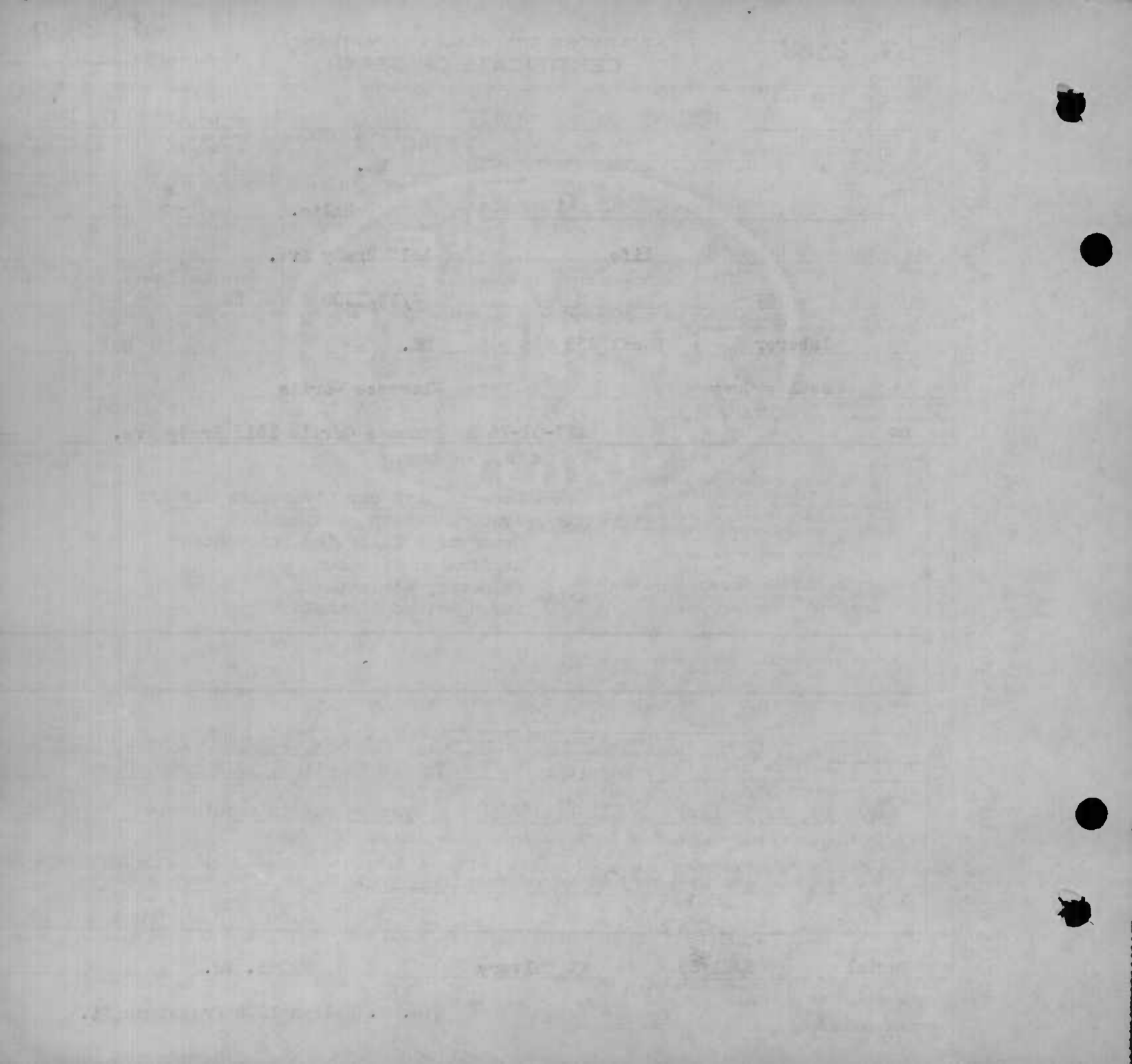
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 2838 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) ISAAC XXXX MARTIN XXXXX			2. DATE OF DEATH March 17, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-18		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 5347 Denmore Ave.		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 6/5/91	9. AGE (In years last birthday) 61	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10B. KIND OF BUSINESS OR INDUSTRY Emerson Hotel		11. BIRTHPLACE (State or foreign country) Md.	
13. FATHER'S NAME ?			12. CITIZEN OF WHAT COUNTRY? USA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes			14. MOTHER'S MAIDEN NAME ?		
16. SOCIAL SECURITY NO. WW "2			17. INFORMANT ADDRESS Helen Rodgers 5347 Denmore Ave		
18. E 812.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Depressed skull fracture DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Baltimore St. 30 feet west of Light St	
21D. TIME (Month) (Day) (Year) (Hour) March 17, 1953 7:45 A.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian struck by automobile	
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William Williams</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED March 17, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/23/53		24C. NAME OF CEMETERY OR CREMATORY Balto. Nat. Cem	
24D. LOCATION (City, town, or county) Balto. Md.		24E. FUNERAL DIRECTOR Geo. G. Kelson		24F. ADDRESS 1303	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		ADDRESS	
VS 151 N 803.2 7808 Bldg. 18. Kelson pushtman					



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 2839	
1. NAME OF DECEASED (Type or Print) BENJAMIN CURTIS			2. DATE OF DEATH March 17, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore Eye, Ear, Nose, & Throat Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 25-06		
c. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 1515 Brady Ave.		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 4/12/1900	9. AGE (In years last birthday) 52	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10B. KIND OF BUSINESS OR INDUSTRY Local 858		11. BIRTHPLACE (State or foreign country) Md.	
13. FATHER'S NAME Chesley Gray			14. MOTHER'S MAIDEN NAME Florence Curtis		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 217-03-7663		17. INFORMANT ADDRESS Amanda Curtis 1515 Brady Ave.	
18. 212X and E 9547 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease Syncope due to anesthesia Hemorrhage following tracheotomy Aspiration of blood Pulmonary atelectasis Laryngeal papillomata			INTERVAL BETWEEN ONSET AND DEATH		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Hospital		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Baltimore Eye, Ear, Nose, and Throat Hospital, 1214 Eutaw Place	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY March 17, 1953 11:30 m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Syncope due to anesthesia	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William H. Kelson		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED March 18, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/21/53		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary	
24D. LOCATION (City, town, or county) (State) Balto. Md.		25. FUNERAL DIRECTOR Geo. G. Kelson 1303 Presstman St.		ADDRESS	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

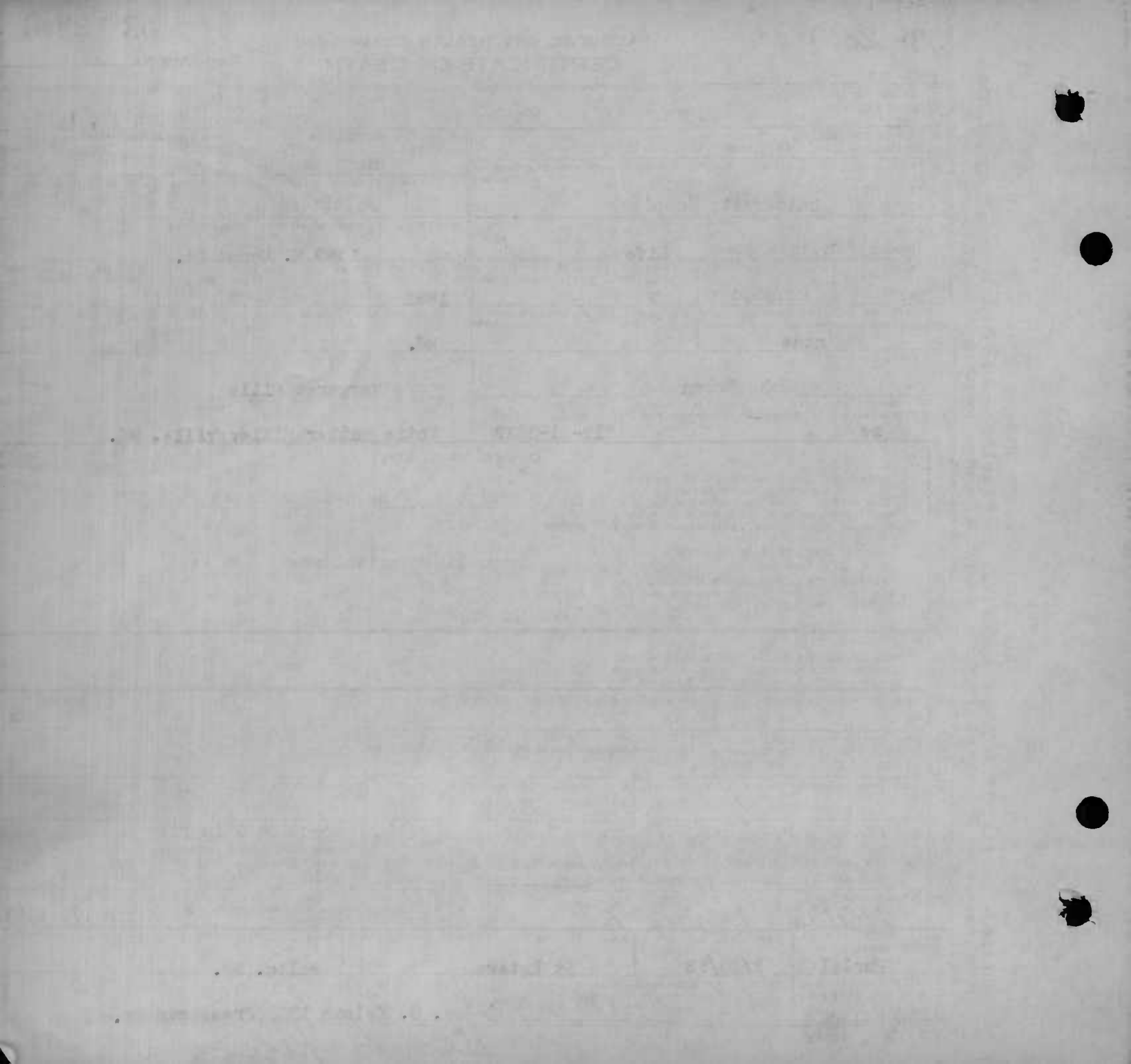
53-650
53 2840BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2840

Registered No.

BIRTH NO.			
1. NAME OF DECEASED (Type or Print)		ROBERT BROWN	
2. DATE OF DEATH		March 17, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-02	
D. STREET ADDRESS (If rural, give location) 1340 N. Mount St.			
c. Length of stay in Baltimore	Life	Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 1883
9. AGE (in years last birthday) 70	10. CITIZEN OF WHAT COUNTRY? USA		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Md.	
13. FATHER'S NAME John Brown		14. MOTHER'S MAIDEN NAME Margaret Mills	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 219-01-3529	
17. INFORMANT Katie Butler Millersville, Md.		ADDRESS	
18. 157X I CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of head of pancreas DUE TO ANTECEDENT CAUSES Generalized metastases DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE William J. Kelson		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED March 17, 1953			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/20/53	
24C. NAME OF CEMETERY OR CREMATORY St Peters		24D. LOCATION (City, town, or county) (State) Balto. Md.	
25. FUNERAL DIRECTOR Geo. G. Kelson 1303 Presstman St.		ADDRESS Geo. G. Kelson	
DATE RECEIVED BY LOCAL REGISTRAR MAR 19 1953		REGISTRAR'S SIGNATURE Huntington	

VS 151



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2841
Registered No.

53 2841

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION
(If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS,

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dead on arrival, that I last saw the deceased alive on 12/30/53, and that death occurred at 12:30 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2842
3698

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THOMAS DAVIS

2. DATE
OF
DEATH

March 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
A. STATE B. COUNTY before admission)

Md

B. COUNTY

before admission)

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

940 N. Belmar St

6. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

16-03

7. STREET ADDRESS (If rural, give location)

940 N. Belmar St

c. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1886

9. AGE (In years,
last birthday)

66

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

S.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Ben. Davis

14. MOTHER'S MAIDEN NAME

Caroline?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

Honey Davis

ADDRESS

940 N. Belmar St

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Corbace hemorrhage

DUE TO

2 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arterio sclerosis + hypertension

DUE TO

unknown

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-15, 1952 to 3-17, 1953, that I last saw the
deceased alive on 3-16, 1953, and that death occurred at 6 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Frank A. Saunders

M. D.

23B. ADDRESS

1029 N. Sturges St.

23C. DATE SIGNED

3-19-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/20/53

24C. NAME OF CEMETERY OR CREMATORY

Arbutus

24D. LOCATION (City, town, or county)

Arbutus Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wes. H. Nelson

ADDRESS

1303

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2843
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Pauline Taltys (Talus)

2. DATE
OF
DEATH

3/19/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

2604 Grogan Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. City 2-03

D. STREET ADDRESS (If rural, give location)

614 S. Ann St.

c. Length of stay in Baltimore

50 years

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (In years
last birthday)

69

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John

Barszbutis

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Frances Chrycki 614 S. Ann St.

18. 151X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of Stomach

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

6 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Anemia

DUE TO

(C)

3 days

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2/27/53

19B. MAJOR FINDINGS OF OPERATION

Inoperable Carcinoma of Stomach

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 5, 1953, to March 18, 1953, that I last saw the deceased alive on 3/18, 1953, and that death occurred at 4:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph Sandler

23B. ADDRESS

2348 Eutaw Ave.

23C. DATE SIGNED

3/19/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-23-53

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

24D. LOCATION (City, town, or county)

Balto

(State)

City

DATE RECEIVED BY
LOCAL REGISTRAR

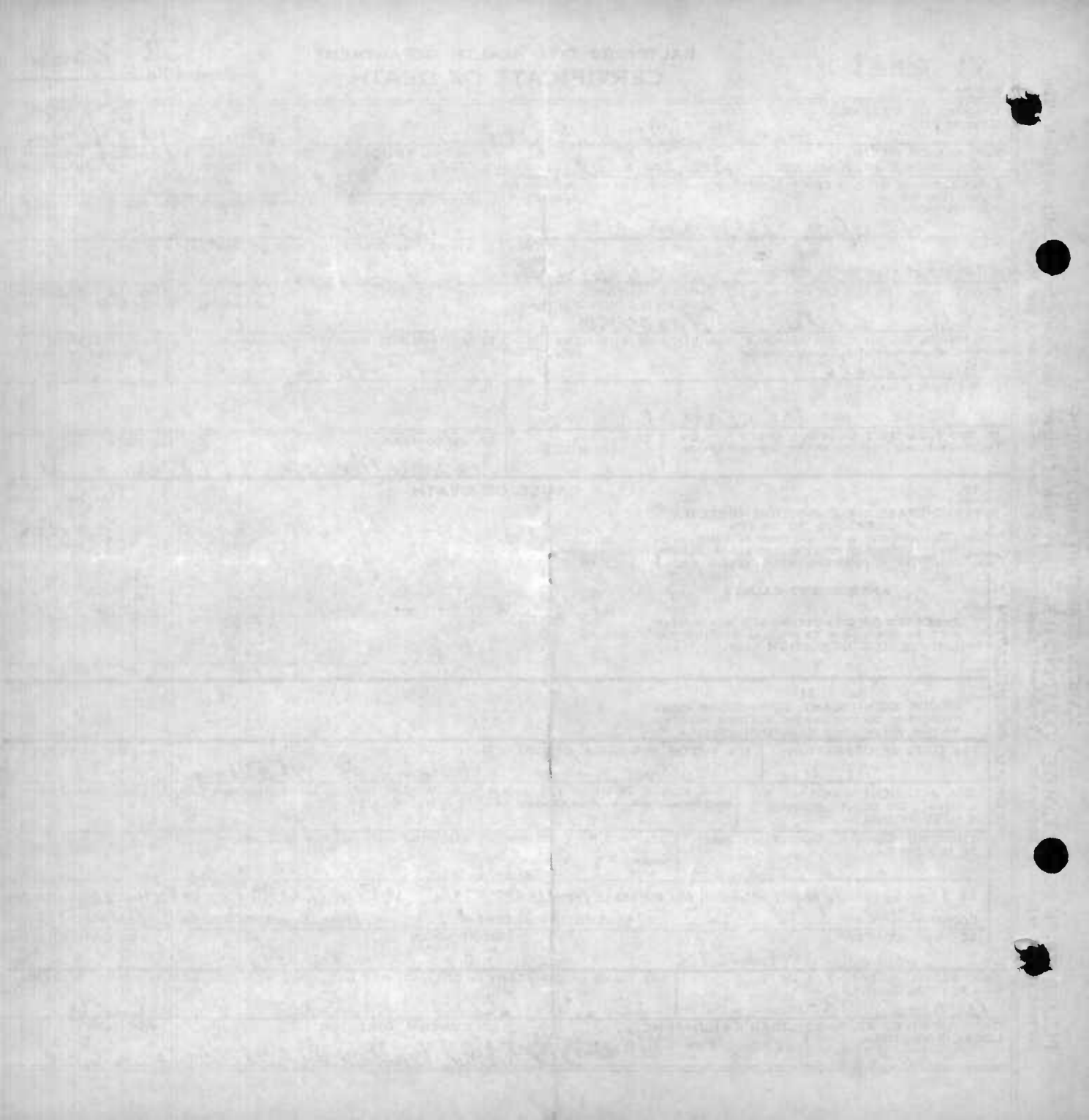
REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Fialkowski 2007 Eastern Ave.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2844

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)ANNA FRATINI2. DATE
OF
DEATHMarch 16, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLANDB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)3809 5th ST.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

3809 5th ST.

c. Length of stay in Baltimore

3 1/2Yrs.
Mos.
Days

5. SEX

FEMALE WHITE

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)MARRIED

8. DATE OF BIRTH

APRIL 24, '849. AGE (In years
last birthday)68If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)HOUSEWORK10B. KIND OF BUSINESS OR
INDUSTRYHOME

11. BIRTHPLACE (State or foreign country)

ITALY12. CITIZEN OF
WHAT COUNTRY?U. S. A.

13. FATHER'S NAME

LOUIS GIABATTONI

14. MOTHER'S MAIDEN NAME

UNKNOWN15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)NO16. SOCIAL
SECURITY NO.

17. INFORMANT

NGD N. FRATINI

ADDRESS

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH5 yrs.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1949, to March, 1953, that I last saw the
deceased alive on 3-12, 1953, and that death occurred at 5:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

S. J. Gammaldi

M. D.

23B. ADDRESS

4609 Gar. Ritchie Hwy

23C. DATE SIGNED

3-16-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3-20-53

24C. NAME OF CEMETERY OR CREMATORY

HOLY CROSS

24D. LOCATION (City, town, or county)

BALTIMORE

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

James S. Du Coudray

ADDRESS

130 E. FORT AVE.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11

Dec 1900

10

John A. Smith
100 E. 10th St.
New York

Dec 1900

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 2845
Registered No.

53 2845
BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lizzie Edwards

2. DATE
OF
DEATH

Mar. 16-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution residence before admission)

A. STATE *Md*

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 5-01

D. STREET ADDRESS (If rural, give location)

401 Chesnut St

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

4-11-80

9. AGE (in years last birthday)

72

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Phila. Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. *420.0*

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Cardiac failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic heart dis.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

4 yrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3-14*, 19*53*, to *3-16*, 19*53*, that I last saw the deceased alive on *3-16*, 19*53*, and that death occurred at *10:31* *PM*, from the causes and on the date stated above.

23A. SIGNATURE

William W. Skelton

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3-18-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/19/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county) (State)

D. C. County - Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Joseph S. Locks, Jr. 1304 N. Central

ADDRESS

UNITED STATES DEPARTMENT OF HEALTH
CENTRE FOR DISEASE CONTROL

DATE

UNITED STATES DEPARTMENT OF HEALTH
CENTRE FOR DISEASE CONTROL

REPORT OF INVESTIGATION
OF THE
UNITED STATES DEPARTMENT OF HEALTH
CENTRE FOR DISEASE CONTROL

REPORT OF INVESTIGATION
OF THE
UNITED STATES DEPARTMENT OF HEALTH
CENTRE FOR DISEASE CONTROL

REPORT OF INVESTIGATION
OF THE
UNITED STATES DEPARTMENT OF HEALTH
CENTRE FOR DISEASE CONTROL

REPORT OF INVESTIGATION
OF THE
UNITED STATES DEPARTMENT OF HEALTH
CENTRE FOR DISEASE CONTROL

REPORT OF INVESTIGATION
OF THE
UNITED STATES DEPARTMENT OF HEALTH
CENTRE FOR DISEASE CONTROL

REPORT OF INVESTIGATION
OF THE
UNITED STATES DEPARTMENT OF HEALTH
CENTRE FOR DISEASE CONTROL

REPORT OF INVESTIGATION
OF THE
UNITED STATES DEPARTMENT OF HEALTH
CENTRE FOR DISEASE CONTROL

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UNITED STATES DEPARTMENT OF HEALTH
CENTRE FOR DISEASE CONTROL

REPORT OF INVESTIGATION
OF THE
UNITED STATES DEPARTMENT OF HEALTH
CENTRE FOR DISEASE CONTROL

REPORT OF INVESTIGATION
OF THE
UNITED STATES DEPARTMENT OF HEALTH
CENTRE FOR DISEASE CONTROL

REPORT OF INVESTIGATION
OF THE
UNITED STATES DEPARTMENT OF HEALTH
CENTRE FOR DISEASE CONTROL

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 2846
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Eora Jackson</i>			2. DATE OF DEATH <i>3-14-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>628 Eislum St.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. md.</i>		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>628 Eislum Street Eislum</i>		
5. SEX <i>F.</i>	6. COLOR OR RACE <i>colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>5-5-1890</i>	9. AGE (In years last birthday) <i>63</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>House work.</i>	11. BIRTHPLACE (State or foreign country) <i>Balto. md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>-</i>
13. FATHER'S NAME <i>Un. Known</i>			14. MOTHER'S MAIDEN NAME <i>Elizabeth May Bowley</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Mary Black- 654 Madison Avenue.</i>		
18. <i>204.4</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Leukemia</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 yr</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2/10/50</i> , 19 <i>50</i> , to <i>3/14/53</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>3/13/53</i> , and that death occurred at <i>6:04 PM</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>William Dana</i>			23B. ADDRESS <i>253 Gay St</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3-18-1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>mt. Calvary cemetery</i>	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR ADDRESS <i>W. B. Spriggs-139 W. Hamling St</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 19 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			

6-23-50

RECEIVED - 10-10-50

UNITED STATES DEPT. OF JUSTICE

WASH.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 2847

BIRTH NO. 53 2847

1. NAME OF DECEASED
(Type or Print)

Lena Francesc

2. DATE
OF
DEATH

Mar. 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10-12-1903

9. AGE (in years
last birthday)

49

If Under 1 Year
Months: Days

5 5

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Maime

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Colombo

14. MOTHER'S MAIDEN NAME

Mary Vaccino

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMATION

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 200.1 and 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) LYMPHOSARCOMA

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

SUBACUTE BACTERIAL ENDOCARDITIS

(C)

RHEUMATIC HEART DISEASE

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

DIABETES MELLITUS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-19, 1953, to 3-18, 1953, that I last saw the
deceased alive on 3-18, 1953, and that death occurred at 3:55 A. M., from the causes and on the date stated above.

23A. SIGNATURE

A. H. Owens, Jr.

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 21st/53 Holy Redeemer Cem.

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

4430 Belair Rd. Balt. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Frank Della Koe 322 S. High St.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2848

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**HARRY LEROY DARAGO**2. DATE
OF
DEATH3-18-53

3. PLACE OF DEATH:

A. Baltimore (City, Maryland)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1427 N. Charles St.

C. Length of stay in Baltimore

LifeYrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. (SINGLE, MARRIED, WIDOWED, DIVORCED (Specify))

Single

8. DATE OF BIRTH

JUNE 2 1905

9. AGE (in years last birthday)

47

If Under 1 Year Months; Days

9 16

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Flowers

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Frank Darago

14. MOTHER'S MAIDEN NAME

Mary Lebre

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

219-28-4493

17. INFORMANT

ADDRESS

Worship. record18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Artery Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic Coronary Disease

DUE TO

(C) Recent myocardial infarction 3 mos.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-9, 1952 to 3-18, 1953, that I last saw the deceased alive on 3-18, 1953, and that death occurred at 6 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Charles R. Culbertson

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

3-18-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial**March 21 1953 Holy Redeemer Cemetery 4430 Belair Rd.**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

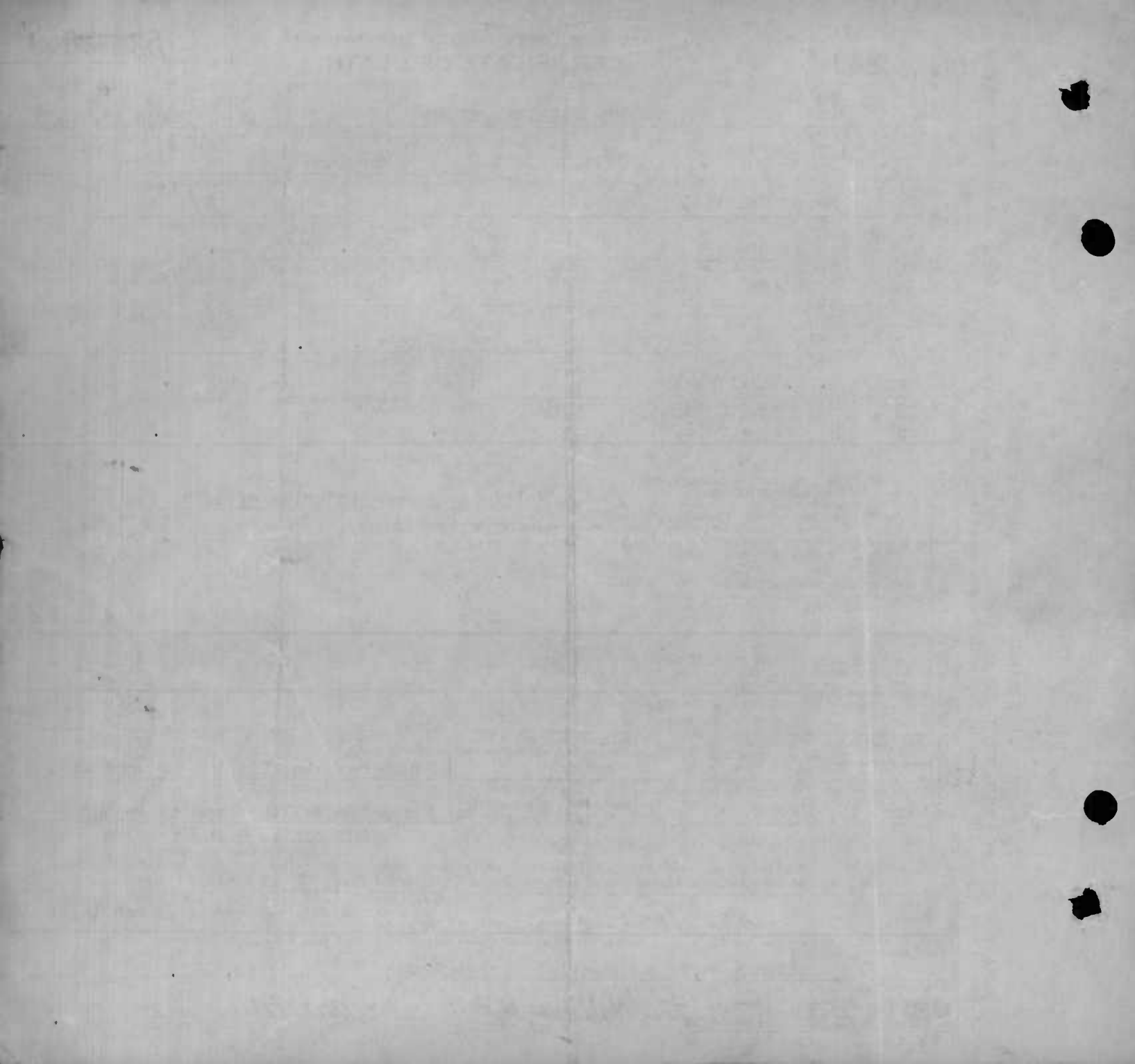
ADDRESS

MAR 19 1953Huntington Williams, M.D.Frank Deller Voss 322 B. High St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. 53 2849	
1. NAME OF DECEASED (Type or Print) JOSEPH WILLIAM STURM			2. DATE OF DEATH March 15, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 1 Yrs. 10 Mos. 0 Days			D. STREET ADDRESS (If rural, give location) 10 E. Madison St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 31, 1923	9. AGE (In years last birthday) 29 yrs	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk - Typist		10B. KIND OF BUSINESS OR INDUSTRY Accounting Work	11. BIRTHPLACE (State or foreign country) Chicago, Ill.		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Martin W. J. Breitbarth			14. MOTHER'S MAIDEN NAME Helen Warnecke		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes World War II		16. SOCIAL SECURITY NO. 346-12-1186	17. INFORMANT ADDRESS Mr. Robert Copenhagen, 10 E. Madison St.		
18. E978x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Multiple extreme injuries of head and extremities DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) hotel		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Southern Hotel-Light & Redwood Sts.	
21D. TIME (Month) (Day) (Year) (Hour) March 15, 1953		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Jumped from 12th floor to ground	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. F. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED March 16, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 21, 1953		24C. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
24D. LOCATION (City, town, or county) (State) Chicago, Ill.		25. FUNERAL DIRECTOR W. H. Williams		ADDRESS 4510 Liberty Heights Ave.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2850BIRTH NO. 53 28501. NAME OF DECEASED
(Type or Print)

MARY F. STACK

2. DATE
OF
DEATH

3/16/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Md

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2211 Arlington Ave

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1534 Carswell st.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

July 4 1865

9. AGE (In years
last birthday)

87

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Horace C. Beckwith

14. MOTHER'S MAIDEN NAME

Margaret Hughes

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs M.E. Stuart 2211 Arlington Ave

18. 443x and 170x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

3 yrs

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma breast rt

2 yr

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., In or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1946, to March 16, 1953, that I last saw the
deceased alive on Feb 2, 1953, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

John A. Hunsen

M.D.

23B. ADDRESS

2700 Harford Rd

23C. DATE SIGNED

March 18 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/20/53

24C. NAME OF CEMETERY OR CREMATORY

Most Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

CHARLES F. EVANS & SON

118 W. Mt. Royal Ave.

Dr. Kimsey
2700 Harford Rd.

2700

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2851

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Foreman

10B. KIND OF BUSINESS OR
INDUSTRY

Fertilizers

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

212-05-8434

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 155X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma of bile
ductINTERVAL BETWEEN
ONSET AND DEATH

3 mo.

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-5-1953 to 3-17-1953 that I last saw the
deceased alive on 3-17-1953 and that death occurred at 10:35 a.m. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Richard V. Peeler

JOHNS HOPKINS HOSPITAL

3-17-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/20/53

St. Mathews

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MART 9 1953

Huntington Williams, Jr.

Elliott & Ormiston

VS 150

5234R

4000 Liberty Hgts. Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53

2852

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2852

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, or so if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1952, to March 18, 1953, that I last saw the
deceased alive on March 17, 1953, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

39050

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

18 5000

STATE OF TEXAS
 COUNTY OF DALLAS

024958

STATE OF TEXAS

IN SENATE,
 FEBRUARY 1, 1907.
 REPORT
 OF THE
 COMMISSIONER OF THE
 GENERAL LAND OFFICE.

COMMISSIONER OF THE
 GENERAL LAND OFFICE.

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 GENERAL LAND OFFICE.

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REPORT OF THE
 COMMISSIONER OF THE
 GENERAL LAND OFFICE.

YALTEX
CORPORATION
BOSTON
MASSACHUSETTS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2854
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Carolyn S. Rosenthal

2. DATE
OF
DEATH March 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
A. STATE Md. B. COUNTY before admission)B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

11-02

D. STREET ADDRESS (If rural, give location)

Sheraton Belvedere Hotel

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

12-26-80

9. AGE (in years
last birthday)

72

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland 1880

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lazarus Stern

14. MOTHER'S MAIDEN NAME

Annie (unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

Mrs. JOHNS HOPKINS HOSPITAL

18. 420.1
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Myocardial Infarction
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)INTERVAL BETWEEN
ONSET AND DEATH

8 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTO-PSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-11, 1953, to 3-18, 1953, that I last saw the
deceased alive on 3-16, 1953, and that death occurred at 5:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

U. Lazarus Stern

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/20/53

24C. NAME OF CEMETERY OR CREMATORY

Oheb Shalom Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mr. J. V. Vickers & Sons

ADDRESS

Balto 17, Md

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2855**

BIRTH NO. **600**

1. NAME OF DECEASED
(Type or Print)

EMILY VIRGINIA FURROW

2. DATE
OF
DEATH

MARCH 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALTIMORE, MD

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE **MARYLAND**

B. COUNTY **BALTIMORE**

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Lutheran Hospital of Maryland Inc

C. CITY OR TOWN

BALTIMORE Middle River

D. STREET ADDRESS (If rural, give location)

3 N. RANDOLPH Rd. 5354

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb 29, 1884

9. AGE (In years last birthday)

69

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

VIRGINIA

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Sarver

14. MOTHER'S MAIDEN NAME

May Benton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. C. O. Furrow - 5610 Washington Blvd.

18. **201X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **CEREBRAL HEMORRHAGE**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Hodgkins' Disease or**

DUE TO

(C) **Leukemia**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

3/15/53 to 3/18/53

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **MARCH 15, 1953**, to **MARCH 18, 1953**, that I last saw the deceased alive on **March 18, 1953**, and that death occurred at **3:50 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

William D. Rosson M.D.

23B. ADDRESS

Lutheran Hospital of Md.

23C. DATE SIGNED

3/18/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/21/53

24C. NAME OF CEMETERY OR CREMATORY

Moreland Mem. Pk.

24D. LOCATION (City, town, or county)

Balto. Co. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 19 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. L. Jones & Sons

ADDRESS

Balto 17, Md.

VS 150

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

CERTIFICATE OF DEATH

NAME OF DECEASED

AGE

SEX

RACE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PERIOD OF ILLNESS

PREVAILING DISEASE

PREVAILING WEATHER

PREVAILING TEMPERATURE

PREVAILING HUMIDITY

PREVAILING WIND

PREVAILING PRESSURE

PREVAILING MOON

PREVAILING STARS

PREVAILING PLANETS

PREVAILING SIGNS

PREVAILING HOUSES

PREVAILING ASPECTS

PREVAILING ECLIPSES

PREVAILING COMETS

PREVAILING METEORS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

460
53 2856

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 2856

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		LILLY M. UHLER		MARCH 17, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION 639 Dumbarton Ave.			A. STATE MARYLAND B. COUNTY BALTIMORE C. CITY OR TOWN Baltimore, MD. D. STREET ADDRESS (If rural, give location) 639 Dumbarton Ave.		
c. Length of stay in Baltimore Life			8. DATE OF BIRTH July 11, 1885		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	9. AGE (In years last birthday) 68		10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME Henry Streaker		14. MOTHER'S MAIDEN NAME / ? ?		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ---		16. SOCIAL SECURITY NO. -----		17. INFORMANT H.F. Goodman	
				ADDRESS 639 Dumbarton Ave.	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY THROMBOSIS DUE TO HYPERTENSION ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 3/10-53		
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/10 1953, to 3/17 1953, that I last saw the deceased alive on 3/16 1953, and that death occurred at 3:30 P. M., from the causes and on the date stated above.					
23A. SIGNATURE Charles R. ...		23B. ADDRESS 2145 N. Baltimore St.		23C. DATE SIGNED 3/14/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-20-53		24C. NAME OF CEMETERY OR CREMATORY Western Cem.	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR 3-20-53		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR John A. Moran		24H. ADDRESS 3000 E. Baltimore St.		24I. DATE 3-24-53	

2145 W. Ballou St.

61 2456

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 2857**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Evelyn Lucille Rippelmeyer

2. DATE
OF
DEATH

March 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write R.R. and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1549 Northern Pkwy.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2/27/80

9. AGE (In years
last birthday)

73

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

ownself

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Andrew J. German

14. MOTHER'S MAIDEN NAME

Ann R. Holland

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

Albert E. Rippelmeyer 1549 Northern Pkwy.

18. **443X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

**immediate
death**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

**Hypertensive arteriosclerotic
vascular disease**

10 yrs.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 1, 1949** to **Mar 17, 1953** that I last saw the
deceased alive on **Oct 1, 1952**, and that death occurred at **4 P. M.**, from the causes and on the date stated above.

23A. SIGNATURE

Franklin E. Loebe

23B. ADDRESS

M. D.

2929 n. Charles St.

23C. DATE SIGNED

Mar 18, 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/20/53

24C. NAME OF CEMETERY OR CREMATORY

Prospect Hill Cem.

24D. LOCATION (City, town, or county)

Towson

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

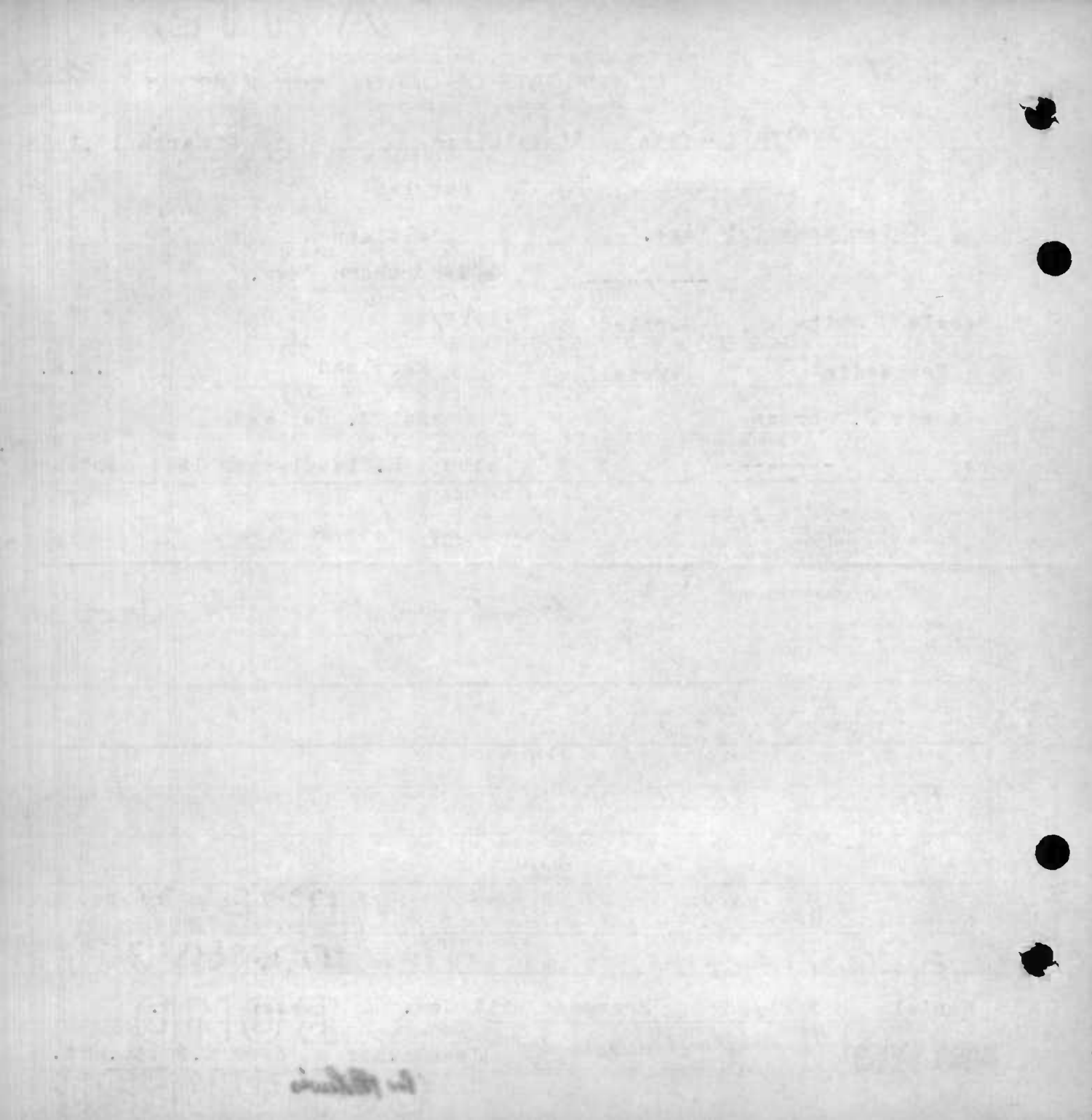
REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John A. Moran 3000 E. Balto. St.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 53 2858

BIRTH NO. 51-12550

1. NAME OF DECEASED
(Type or Print)

Michael Rodgers

2. DATE
OF
DEATH

3/17/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

17-01

c. Length of stay in Baltimore

2

D. STREET ADDRESS (If rural, give location)

#607 penn ave

5. SEX

male

6. COLOR OR RACE

ed

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

6/6/51

9. AGE (In years last birthday)

2

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Baby

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

James Rogers

14. MOTHER'S MAIDEN NAME

Blanche Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. *492X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Virus pneumonia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *March 13, 1953*, to *March 18, 1953*, that I last saw the deceased alive on *March 18, 1953*, and that death occurred at *8:50 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

C. Campbell

23B. ADDRESS

718 Dolphin St.

23C. DATE SIGNED

3-18-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-21-53

24C. NAME OF CEMETERY OR CREMATORY

St. Calvary Cem

24D. LOCATION (City, town, or county)

A.A. County

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Wm. A. Jackson

ADDRESS

916 Penna.

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

January 1, 1911

Dear Sir:

I have the honor to acknowledge the receipt of your letter of the 28th inst.

and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

I am, Sir, very respectfully,
Yours very truly,
J. B. H. [Signature]

Assistant Secretary

U. S. Department of Agriculture

Washington, D. C.

Enclosed for you are two copies of the report of the

Commissioner of the General Land Office, dated December 15, 1910,

in relation to the proposed sale of the lands of the

Department of the Interior, and also a copy of the

report of the Secretary of the Interior, dated December 15, 1910,

in relation to the same.

I am, Sir, very respectfully,
Yours very truly,
J. B. H. [Signature]

Assistant Secretary

U. S. Department of Agriculture

Washington, D. C.

Very truly yours,
J. B. H. [Signature]

Assistant Secretary

U. S. Department of Agriculture

Washington, D. C.

Very truly yours,
J. B. H. [Signature]

Assistant Secretary

U. S. Department of Agriculture

Washington, D. C.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2859
Registered No.

R-320
53 2859
BIRTH NO.

1. NAME OF DECEASED (Type or Print) CHARLES E. RHOADS			2. DATE OF DEATH MARCH 18, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MD B. COUNTY BALTO.		
B. FULL NAME OF HOSPITAL OR INSTITUTION 704 SPRINGFIELD AVE			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO.		
c. Length of stay in Baltimore 2 1/2 years			D. STREET ADDRESS (If rural, give location) 704 SPRINGFIELD		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN 18, 1889		9. AGE (in years last birthday) 64
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10B. KIND OF BUSINESS OR INDUSTRY TIRE	11. BIRTHPLACE (State or foreign country) N.J.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME HARRY RHOADS			14. MOTHER'S MAIDEN NAME UNKNOWN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 214-10-5925	17. INFORMANT MABEL K. RHOADS		
			ADDRESS SAME		

18. 163X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pleural Effusion.			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma of Lung.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 3/12/53		19B. MAJOR FINDINGS OF OPERATION Thoracotomy - Carcinoma of Lung - Left.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/18 , 19 53 , to 3/18/53 , 19 53 , that I last saw the deceased alive on 3/18 , 19 53 , and that death occurred at 5:50 P.m. , from the causes and on the date stated above.			
23A. SIGNATURE Chas. E. Carr Jr		23B. ADDRESS 6009 York Rd	
23C. DATE SIGNED 3/18/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 3-21-1953	24C. NAME OF CEMETERY OR CREMATORY BALTIMORE	24D. LOCATION (City, town, or county) (State) BALTIMORE MD.
DATE RECEIVED BY LOCAL REGISTRAR MAR 19 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
VS 150		FUNERAL DIRECTOR M. W. JENKINS & SONS Co. 4905 YORK RD.	

49060

STATEMENT OF DEATH
CERTIFICATE OF DEATH

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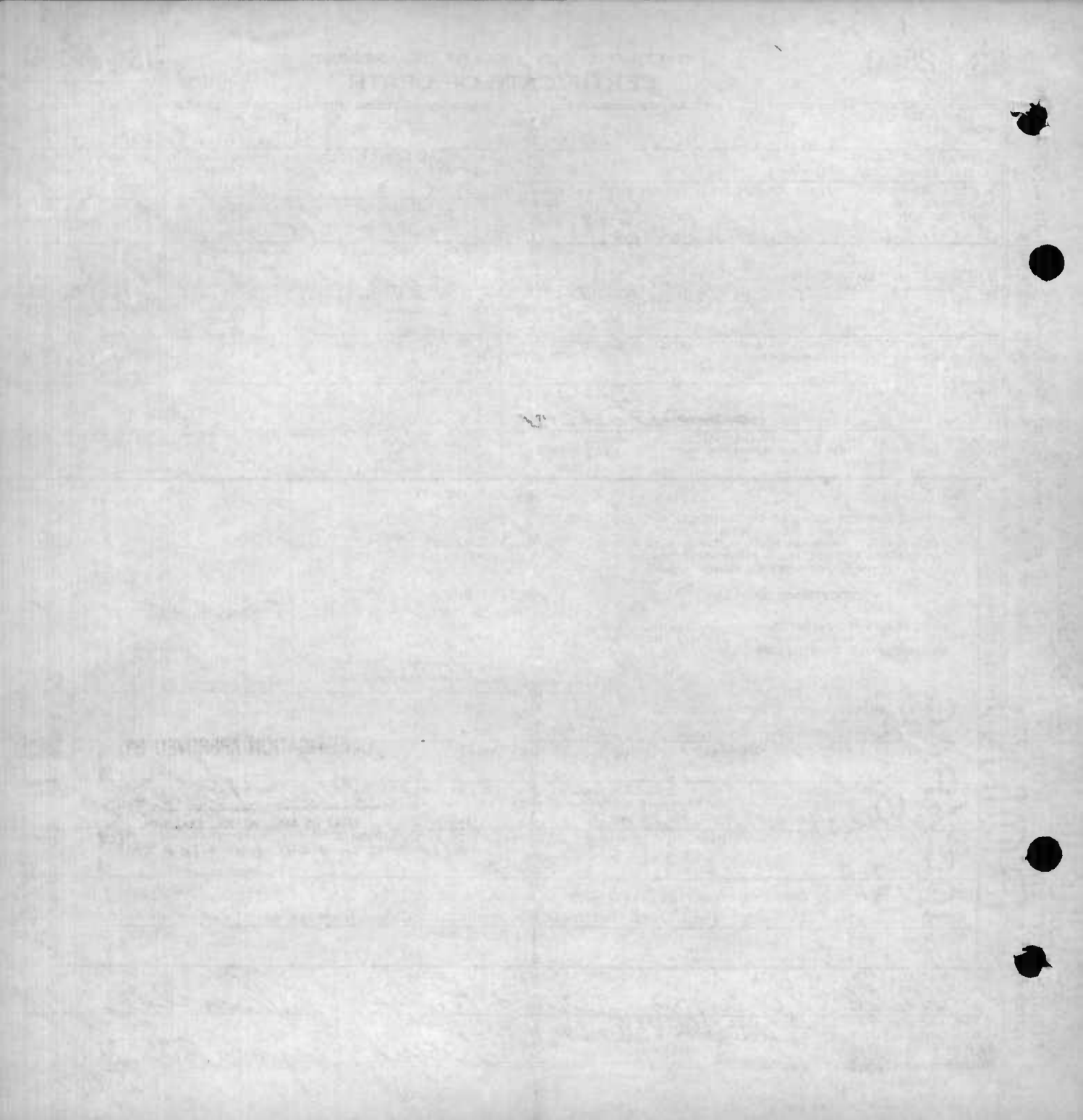
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M-635
53 2860BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2860
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Clara Bell Martin</i>			2. DATE OF DEATH <i>18 Mar 53</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>Balta</i>						
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>The Union Memorial Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, state RURAL and give township) <i>Balta 15 nd 28 31</i>						
c. Length of stay in Baltimore <i>1 yr 82 yr</i>			O. STREET ADDRESS (If rural, give location) <i>5342 Reisterstown rd</i>						
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>		8. DATE OF BIRTH		9. AGE (In years: last birthday) <i>82</i>		11. BIRTHPLACE (State or foreign country) <i>md</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>—</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			
13. FATHER'S NAME <i>Andrew Fisher</i>			14. MOTHER'S MAIDEN NAME <i>Mary Jane Bell</i>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT <i>Costin Martin - Son</i>			
16. SOCIAL SECURITY NO.			ADDRESS						

18. <i>E903.0</i>			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			(A) <i>Pneumonia</i>			<i>1 wk</i>		
DUE TO								
19. ANTECEDENT CAUSES			(B) <i>Cerebro-vascular accident</i>			<i>1 wk</i>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			DUE TO					
II			(C) <i>Hypertension</i>			<i>10 yrs</i>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			<i>Ex. Hip Fr.</i>					
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			CERTIFICATION APPROVED BY		
<i>25 Feb 53</i>			<i>Ex. Hip</i>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>Accident</i>			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>			21C. WHERE DID INJURY OCCUR <i>Under Vehicle</i>		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>Feb 25 8 P m.</i>			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			CHIEF OR ASST. MEDICAL EXAMINER <i>Clipped + fell to floor</i>		
22. I hereby certify that I attended the deceased from <i>25 Feb, 1953</i> , to <i>17 Mar, 1953</i> , that I last saw the deceased alive on <i>17 Mar, 1953</i> , and that death occurred at <i>7:45 Am.</i> , from the causes and on the date stated above.			23A. SIGNATURE <i>R-B. Casaway Jr.</i>			23B. ADDRESS <i>11. M. H.</i>		
23C. DATE SIGNED <i>18 Mar 53</i>			24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			24B. DATE <i>March 1953</i>		
24C. NAME OF CEMETERY OR CREMATORY <i>Wind Ridge</i>			24D. LOCATION (City, town, or county) (State) <i>Likessville Md</i>			25. FUNERAL DIRECTOR <i>Loring Byers 5005 Ch</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 1 9 1953</i>			REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>			ADDRESS <i>Agnes</i>		



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 2861**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Edward Earle Albright**2. DATE
OF
DEATH **Mar. 17, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**B. COUNTY **Baltimore**

B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION location)

**U.S. Public Health Service
Hospital
Wyman Pk. Drive & 31st Street**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Granite

D. STREET ADDRESS (If rural, give location)

Davis Avenue

c. Length of stay in Baltimore

?Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**single**

8. DATE OF BIRTH

5/18/959. AGE (In years,
last birthday)**57**If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR INDUSTRY

B & O Railroad

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Jacob Ed. Albright

14. MOTHER'S MAIDEN NAME

Effie I. Campbell15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**Yes****WW 1 - USA**16. SOCIAL
SECURITY NO.**705-05-2880**17. INFORMANT **Vivian Albright Granite, Md.
Records - U.S. P.H.S. Hospital Balto., Md.**18. **581.0**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) **Portal cirrhosis with esophageal
varices and hemorrhage****5 yrs.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **March 12, 1953**, to **March 17, 1953**, that I last saw the deceased alive on **March 17, 1953** and that death occurred at **10:15 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

J.A. Hunter, Clinical Director

23B. ADDRESS

M. D.

US PHS Hospital Baltimore, Md.

23C. DATE SIGNED

3/17/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/20/53

24C. NAME OF CEMETERY OR CREMATORY

St. Alphonsus Cemetery

24D. LOCATION (City, town, or county)

Woodstock, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 19 1953**Huntington Williams, M.D. E. Astor Bone****Catonsville, Md.**

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2862

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Stump

2. DATE
OF
DEATH

3-19-53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

a. STATE

b. COUNTY

MARYLAND CUMBERLAND

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

UNIVERSITY HOSPITAL

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

3 HAY ST

d. STREET ADDRESS (If rural, give location)

2438 EUTAW PLACE

5102

c. Length of stay in Baltimore

4

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

NOV 5-1914

9. AGE (in years
last birthday)

38

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

CUMBERLAND Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

HOLLIS G. ALKIRE

14. MOTHER'S MAIDEN NAME

CATHERINE T. FLAGNER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

SILBERT J. STUMP CUMBERLAND Md

18. 411X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/19, 1953, to 3/19, 1953 that I last saw the
deceased alive on 3/19, 1953, and that death occurred at 2:15 A. M., from the causes and on the date stated above.

23a. SIGNATURE

F. J. BORGES

M. D.

23b. ADDRESS

University, Md

23c. DATE SIGNED

3/19/53

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

3-21-53

24c. NAME OF CEMETERY OR CREMATORY

ALTIPE CEM

24d. LOCATION (City, town, or county)

CUMBERLAND Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John H. Hager

ADDRESS

Cumberland Md

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of interment		18. Signature of burial		19. Signature of burial		20. Signature of burial	
21. Signature of burial		22. Signature of burial		23. Signature of burial		24. Signature of burial	
25. Signature of burial		26. Signature of burial		27. Signature of burial		28. Signature of burial	
29. Signature of burial		30. Signature of burial		31. Signature of burial		32. Signature of burial	
33. Signature of burial		34. Signature of burial		35. Signature of burial		36. Signature of burial	
37. Signature of burial		38. Signature of burial		39. Signature of burial		40. Signature of burial	
41. Signature of burial		42. Signature of burial		43. Signature of burial		44. Signature of burial	
45. Signature of burial		46. Signature of burial		47. Signature of burial		48. Signature of burial	
49. Signature of burial		50. Signature of burial		51. Signature of burial		52. Signature of burial	
53. Signature of burial		54. Signature of burial		55. Signature of burial		56. Signature of burial	
57. Signature of burial		58. Signature of burial		59. Signature of burial		60. Signature of burial	
61. Signature of burial		62. Signature of burial		63. Signature of burial		64. Signature of burial	
65. Signature of burial		66. Signature of burial		67. Signature of burial		68. Signature of burial	
69. Signature of burial		70. Signature of burial		71. Signature of burial		72. Signature of burial	
73. Signature of burial		74. Signature of burial		75. Signature of burial		76. Signature of burial	
77. Signature of burial		78. Signature of burial		79. Signature of burial		80. Signature of burial	
81. Signature of burial		82. Signature of burial		83. Signature of burial		84. Signature of burial	
85. Signature of burial		86. Signature of burial		87. Signature of burial		88. Signature of burial	
89. Signature of burial		90. Signature of burial		91. Signature of burial		92. Signature of burial	
93. Signature of burial		94. Signature of burial		95. Signature of burial		96. Signature of burial	
97. Signature of burial		98. Signature of burial		99. Signature of burial		100. Signature of burial	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 2863**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Minnie J. Boggs

2. DATE OF DEATH **Mar 18, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3401 Greenway

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3401 Greenway

c. Length of stay in Baltimore

80 Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 10, 1872

9. AGE (in years last birthday)

80

10. Under 1 Year Months: Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Boggs

14. MOTHER'S MAIDEN NAME

Annie Ryan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Grace E. Boggs 3401 Greenway

18. **491X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Brucella pneumonia*

6 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cerebrovascular accident

3 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5/1/51*, 19__, to *3/18/53*, 19__, that I last saw the deceased alive on *3/18/53*, 19__, and that death occurred at *12:15 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Francis W. Gluck

23B. ADDRESS

100 W University Pkwy

23C. DATE SIGNED

3/19/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 18, 1953

24C. NAME OF CEMETERY OR CREMATORY

St. Mary's

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 19 1953

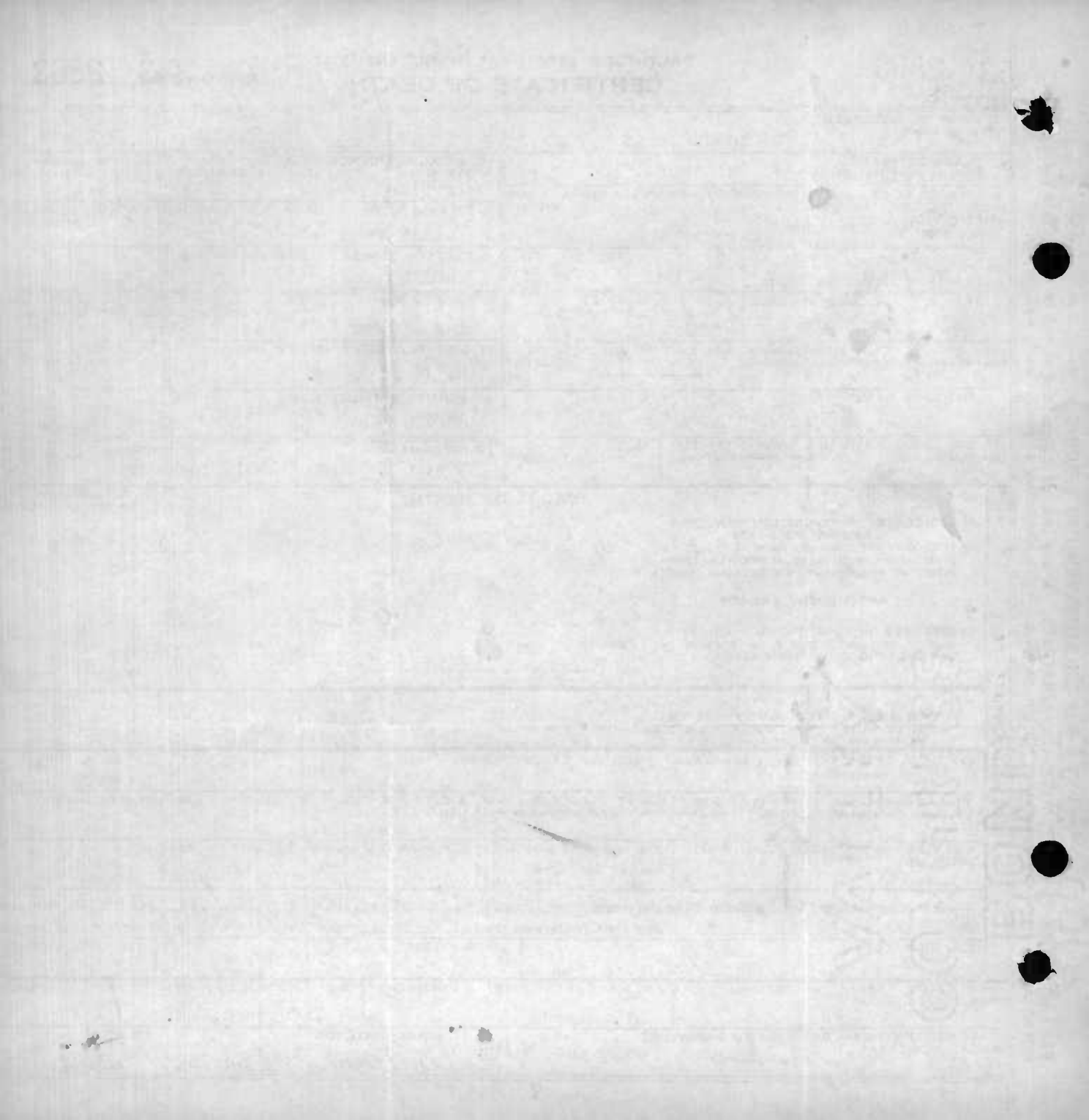
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

W. W. Meador & Son 805 N. Calvert St.

ADDRESS



N-3550 2864

53 2864

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Walter R. Nathan			2. DATE OF DEATH March 19, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mulberry & Cathedral Sts.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 45 yrs.			O. STREET ADDRESS (If rural, give location) Mulberry & Cathedral Sts.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 29, 1888	9. AGE (in years last birthday) 64	10. Under 1 Year Months: 7 Days: 18 Under 24 Hours Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Insurance Broker	11. BIRTHPLACE (State or foreign country) Chicago Ill.		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME Herman Nathan			14. MOTHER'S MAIDEN NAME Minnie Oppenheimer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Apts Mrs Verona P. Nathan, Wentworth		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) _____		Coronary Thrombosis		5 days	
ANTECEDENT CAUSES		(B) _____		15 years	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) _____		?	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1940 to MAR 19, 1953 , that I last saw the deceased alive on MAR 19, 1953 , and that death occurred at 12:30 A. m. , from the causes and on the date stated above.					
23A. SIGNATURE Ralph J Hills		23B. ADDRESS 18 E Eager St Balto Md		23C. DATE SIGNED Mar. 19 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 20		24C. NAME OF CEMETERY OR CREMATORY Baltimore Hebrew	
24D. LOCATION (City, town, or county) Belair Rd.		24E. FUNERAL DIRECTOR David R. Martin		24F. ADDRESS 1902 Eutaw Pl	

VS 150

45023

David R. Martin

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2865BIRTH NO. 53 28651. NAME OF DECEASED
(Type or Print)Joan Diane Haskins2. DATE
OF
DEATHMarch 18 '1953

3. PLACE OF DEATH:

☒ Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Maryland General Hospital

Yrs.

Mos.

Days

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3968 Falls Rd.

c. Length of stay in Baltimore

life

5. SEX

F.

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Sept. 16 '1952

9. AGE (In years

last birthday)

6 months

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Walter W. Haskins

14. MOTHER'S MAIDEN NAME

Edna Bower

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Edna F. Haskins - 3968 Falls Rd18. 493X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Pneumonia + acidosis + dehydration

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 18, 1953, to March 18, 1953, that I last saw the deceased alive on March 18, 1953, and that death occurred at 4:05 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Sze-Jui Lin

M. D.

23B. ADDRESS

md. General Hospital

23C. DATE SIGNED

Mar. 18 '53

24A. BURIAL CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BurialMar 20/53Moreland ParkTaylor Ave, Md

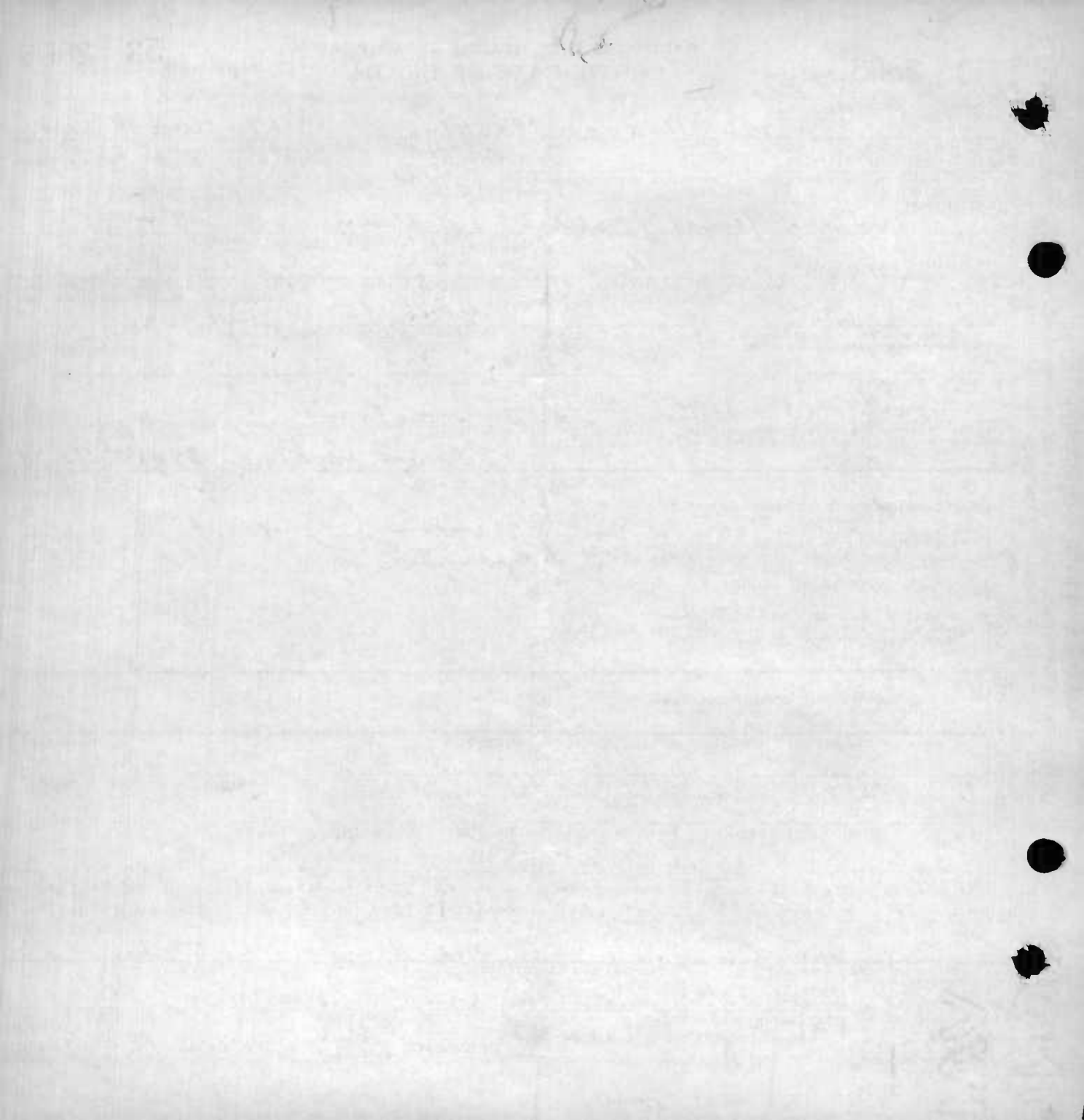
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 20 1953Huntington Williams, M.D.Justin E. Donoran - 3818 Roland Ave



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2866

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>MRS. LILLIAN M. BLOME</i>			2. DATE OF DEATH <i>3-18-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>md.</i> B. COUNTY <i>(Catonsville)</i> <i>BALTO.</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>St. Agnes Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Catonsville</i>		
c. Length of stay in Baltimore <i>?</i>			D. STREET ADDRESS (If rural, give location) <i>106 Hilton Ave</i> <i>5352</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M.</i>	8. DATE OF BIRTH <i>4-1-83</i>	9. AGE (In years last birthday) <i>69</i>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>HOME</i>	11. BIRTHPLACE (State or foreign country) <i>md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Thomas Campbell</i>			14. MOTHER'S MAIDEN NAME <i>Lillie Scarf</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Jerome J. Blome - 106 Hilton Ave.</i>		

18. *422.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Acute Pulmonary Edema*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Arterioscl. Cardio Vasc. Disease*
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.*St. Streptococci Bacteremia*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2-14*, 19*53*, to *3-18*, 19*53*, that I last saw the deceased alive on *3-18*, 19*53*, and that death occurred at *2:00 Am.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

STATE OF TEXAS
COUNTY OF DALLAS
CITY OF DALLAS

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2867**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas Mills

2. DATE
OF
DEATH

3/18/53.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE *1229 Madison Ave*
B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Provident Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

8-01

O. STREET ADDRESS (If rural, give location)

7127 N. Bond St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

ed

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug 24, 1889

9. AGE (In years last birthday)

64

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

unemployed

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Littleton, N.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles Mills

14. MOTHER'S MAIDEN NAME

Joycie Anne

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

219-03-6307

17. INFORMANT

Ervin Mills - 7127 N. Bond St

ADDRESS

18. *490X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

pneumonia, lobar left lobe

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

pleurisy effusion left

(C)

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on *March 18, 1953*, and that death occurred at *1:20 pm.*, from the causes and on the date stated above.

23A. SIGNATURE

Charles T. Woods

23B. ADDRESS

1129 N. Caroline St

23C. DATE SIGNED

2-17-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

March 19, 53

24C. NAME OF CEMETERY OR CREMATORY

Littleton N. Carolina

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 20 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mrs. F. G. Elliott & Daughter

ADDRESS

1945 5103

Name of Deceased		Date of Birth	
John Doe		1910-01-01	
Sex		Race	
Male		White	
Marital Status		Occupation	
Married		Farmer	
Cause of Death		Place of Death	
Heart Disease		Home	
Date of Death		Time of Death	
1945-03-15		10:00 AM	
Signature of Physician		Signature of Registrar	
[Signature]		[Signature]	
Name of Physician		Name of Registrar	
Dr. J. Smith		John Doe	
Address of Physician		Address of Registrar	
123 Main St.		456 Main St.	
City		City	
New York		New York	
State		State	
New York		New York	
County		County	
New York		New York	
Municipality		Municipality	
New York		New York	

B-620 CERTIFICATE CORRECTED 3-24-53		BALTIMORE CITY HEALTH DEPARTMENT		53 2868	
BIRTH NO.		BOWERS		Registered No.	
1. NAME OF DECEASED (Type or Print) <i>Madeline Bowers</i>		2. DATE OF DEATH <i>March 19, 1953</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Bowers</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Ind.</i> B. COUNTY <i>Washington</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) <i>Fair Play Williamsport RFD #2</i>			
c. Length of stay in Baltimore		O. STREET ADDRESS (If rural, give location) <i>Route 1 Pinesburg Williamsport Md. RFD #3</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>10-29-27</i>	9. AGE (in years last birthday) <i>25</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Clerk in Store</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Newberries 5 & 10</i>		11. BIRTHPLACE (State or foreign country) <i>Pinesburg, Md.</i>	
13. FATHER'S NAME <i>Thomas B. Thomas</i>		14. MOTHER'S MAIDEN NAME <i>Luewillie Taylor Thomas</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>212-24-5676</i>		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>204.0</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>ACUTE LYMPHOGENOUS LEUKEMIA</i>		<i>2 mos.</i>	
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2-10</i> , 1953, to <i>3-19</i> , 1953, that I last saw the deceased alive on <i>3-19</i> , 1953, and that death occurred at <i>8:34 P.M.</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>A. H. Brown, Jr.</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>DOKIAL</i>		24B. DATE <i>3-23-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>WILLIAMSPORT</i>	
24D. LOCATION (City, town, or county) (State) <i>MD</i>		25. FUNERAL DIRECTOR <i>WILLIAMSPORT</i>		ADDRESS <i>WILLIAMSPORT</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 20 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		VS 150	
				3906C	

CERTIFICATE OF DEATH

1. Name of deceased

2. Sex

3. Date of birth

4. Place of birth

5. Date of death

6. Cause of death

7. Date of burial

8. Place of burial

9. Name of informant

10. Signature of informant

11. Date of completion

12. Name of registrar

13. Signature of registrar

14. Date of registration

15. Name of registrar

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2869
Registered No.P-654
53 2869
BIRTH NO. 53-05458

1. NAME OF DECEASED (Type or Print) Baby "ALMA" Purnell			2. DATE OF DEATH Mar. 7, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland H L H Pre-Natal			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 10-01		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 611 E. Biddle St.		
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S.	8. DATE OF BIRTH 3-2-53	9. AGE (In years last birthday) 5	If Under 1 Year Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME P			14. MOTHER'S MAIDEN NAME ALMA PURNELL		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL		

18. 762.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) fetal atelectasis DUE TO (B) prematurity DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH life
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-2- , 1953, to 3-7- , 1953, that I last saw the deceased alive on 3-7- , 1953, and that death occurred at 105 A m. , from the causes and on the date stated above.					
23A. SIGNATURE Walter H. Lewis M. D.		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 3/7/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
24D. LOCATION (City, town, or county)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR MAR 20 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS	
VS 150 hospital Disposal					

BARBERSHOP CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

John A. Smith
Barbershop City

John A. Smith *Barbershop City*

R-200 Hospital Disposal

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 2870**

BIRTH NO. **3-10893**

1. NAME OF DECEASED (Type or Print) **Baby Girl Rossi**

2. DATE OF DEATH **Mar. 7, 1953**

3. PLACE OF DEATH:
 A. Baltimore City, Maryland **14th Prec.**
 B. FULL NAME OF HOSPITAL OR INSTITUTION **JOHNS HOPKINS HOSPITAL**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 A. STATE **Md.**
 C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore 14-01**
 D. STREET ADDRESS (If rural, give location) **1833 Bolton St**

5. Length of stay in Baltimore
 Yrs. **0**
 Mos. **0**
 Days **0**

6. SEX **Female** 7. COLOR OR RACE **White** 8. SINGLE, MARRIED, WIDDED, DIVORCED (Specify) **Infant**

9. DATE OF BIRTH **3-6-53** 10. AGE (In years last birthday) **0** 11. Under 1 Year Months **0** Days **0** 12. Under 24 Hours Hours **15** Min. **15**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME **Joseph Rossi** 14. MOTHER'S MAIDEN NAME **Florence**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) 16. SOCIAL SECURITY NO.

17. INFORMANT **JOHNS HOPKINS HOSPITAL** ADDRESS

18. **776x** I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH **prematurity**

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3-7-**, 19**53** to **3-7-**, 19**53** that I last saw the deceased alive on **3-7-**, 19**53** and that death occurred at **2:45 P.** m., from the causes and on the date stated above.

23A. SIGNATURE **Mark H. Lewis** M. D. 23B. ADDRESS **JOHNS HOPKINS HOSPITAL** 23C. DATE SIGNED **3/10/53**

24A. BURIAL, CREMATION, REMOVAL (Specify) 24B. DATE

24C. NAME OF CEMETERY OR CREMATORY **Huntington Williams, Md.** 24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR **MAR 20 1953** REGISTRAR'S SIGNATURE **Huntington Williams, Md.** 25. FUNERAL DIRECTOR ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

STATE OF NEW YORK

NO.

DATE

TIME

PLACE

CAUSE

AGE

SEX

RACE

RELATION

OCCUPATION

EDUCATION

RELIGION

ETHNICITY

HEIGHT

WEIGHT

HAIR

EYES

TEETH

SKIN

SCARS

MOLES

WOUNDS

FRANCHISE

PROPERTY

DEBTS

ASSETS

LIABILITIES

NET WORTH

ESTATE

WILLS

TESTAMENTS

PROBATE

ADMINISTRATION

GUARDIANSHIP

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 2871**BIRTH NO. **512**1. NAME OF DECEASED
(Type or Print)*Dorothy Thompson*2. DATE
OF
DEATH*Mar. 18, 1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *2101 W. Cold Spring Lane*4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE *md* B. COUNTY *15-01*B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION *Bar-wil-Ba Home*C. CITY OR TOWN (If outside corporate limits, write R.U.R. and give
Baltimore township)D. STREET ADDRESS (If rural, give location)
*2320 Penna Ave.*C. Length of stay in Baltimore *Life*Yrs.
Mos.
Days5. SEX *Female*6. COLOR OR RACE *Colored*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify) *Single*8. DATE OF BIRTH *Apr. 12, 1900*9. AGE (in years
last birthday) *52*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Domestic*10B. KIND OF BUSINESS OR
INDUSTRY *Private Family*11. BIRTHPLACE (State or foreign country)
*Baltimore, md.*12. CITIZEN OF
WHAT COUNTRY?
*U. S. A.*13. FATHER'S NAME
*Rudolph Thompson*14. MOTHER'S MAIDEN NAME
*Isabelle Voton*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
*no*16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Eleanora Thompson, 1305 N. Fulton Ave.*18. *442x*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cardiovascular

ANTECEDENT CAUSES

(B)

DUE TO

*Renal*DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

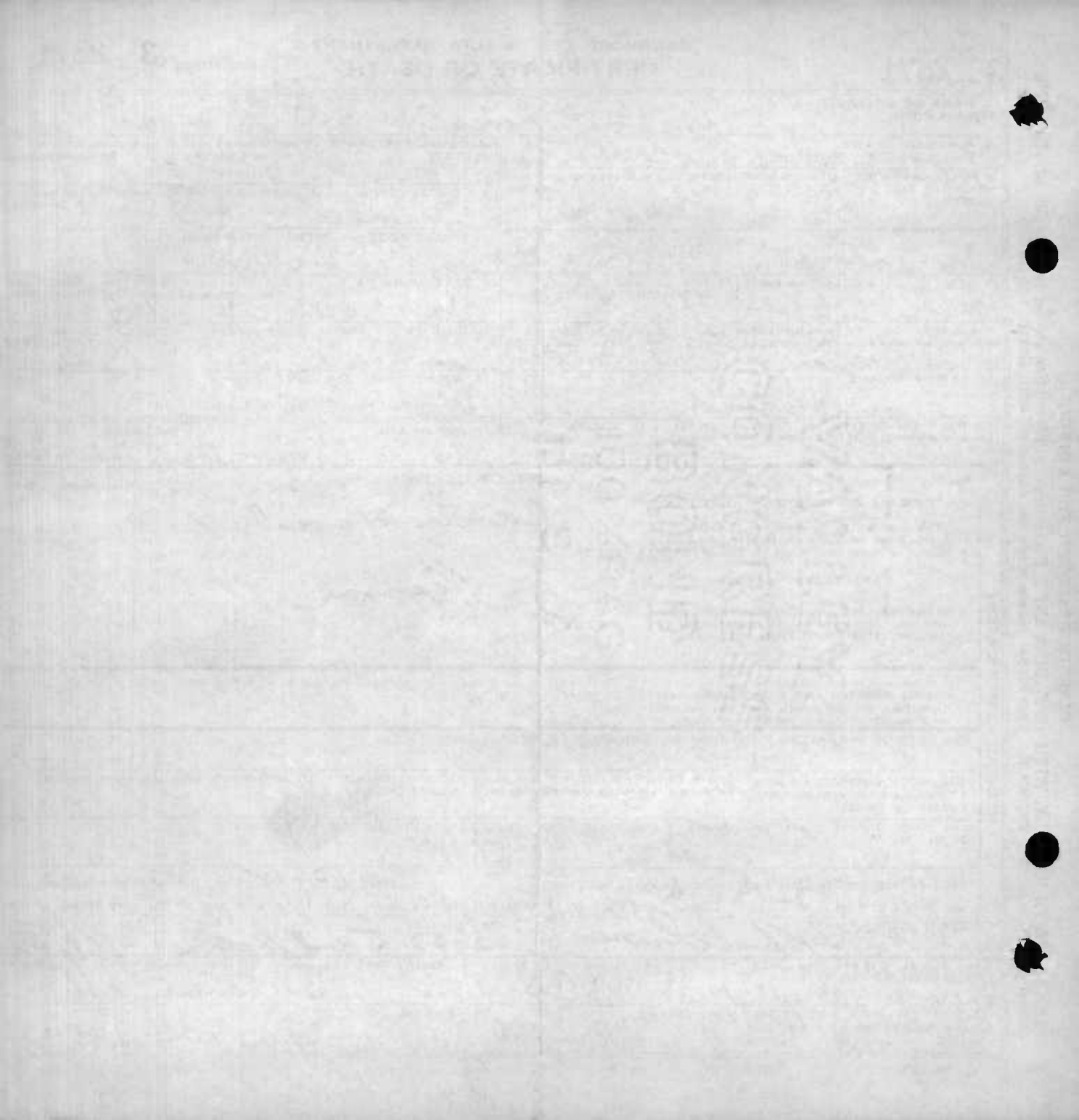
20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from *1951*, to *3-18*, 1953, that I last saw the
deceased alive on *3-17*, 1953, and that death occurred at *5:30 P. m.*, from the causes and on the date stated above.23A. SIGNATURE
*J. H. Butler*23B. ADDRESS
*2033 Fairview*23C. DATE SIGNED
*2/19/53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
*Burial*24B. DATE
*Mar 21, 1953*24C. NAME OF CEMETERY OR CREMATORY
*Mt. Auburn*24D. LOCATION (City, town, or county) (State)
*Baltimore, Md.*DATE RECEIVED BY
LOCAL REGISTRAR
*MAR 20 1953*REGISTRAR'S SIGNATURE
*Huntington Williams, M.D.*25. FUNERAL DIRECTOR
*John M. Johnson*ADDRESS
1700 Druid Hill Ave



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2872

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JACOB KARPA

2. DATE
OF
DEATH

3-19-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

3706 Hortonia Rd

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

The Mount

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

7505 Garrison Boulevard

c. Length of stay in Baltimore

37 Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

male white married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTH PLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

Retired

Butcher

Poland

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Morris

Fagie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

(If yes, give war or dates of service)

Melanie Karpas - Same

18. 434.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) 4 1/2 mo of lung

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Chronic Congestion
10 heart failure

4 yrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Oct 1952, to March 15, 1953, that I last saw the
deceased alive on 3/14/53, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

3-20-53

Rosedale

Balto, Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams

Huntington Williams

2100 Eutaw Pl

2100 Eutaw Pl

Bayliss

07340

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Gensler Anna

2. DATE
OF
DEATH

3.19.53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Linaei Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Linai

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4209 Fernhill Ave

c. Length of stay in Baltimore

27 Yrs. Mos. Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

9. AGE (in years last birthday)

64

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Romania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

David Sellemayer

14. MOTHER'S MAIDEN NAME

Clara

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

Sam Gensler

ADDRESS

18. *42010*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Acute myocardial infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertensive arteriosclerosis

DUE TO

(C)

Heart disease

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *3.18.1953* to *3.19.1953*, that I last saw the deceased alive on *3.19.1953* and that death occurred at *1133 p.m.* from the causes and on the date stated above.

23A. SIGNATURE

Joseph Taler

M. D.

23B. ADDRESS

Linaei Hospital

23C. DATE SIGNED

3.19.53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-20-53

24C. NAME OF CEMETERY OR CREMATORY

McCarmel

24D. LOCATION (City, town, or county) (State)

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

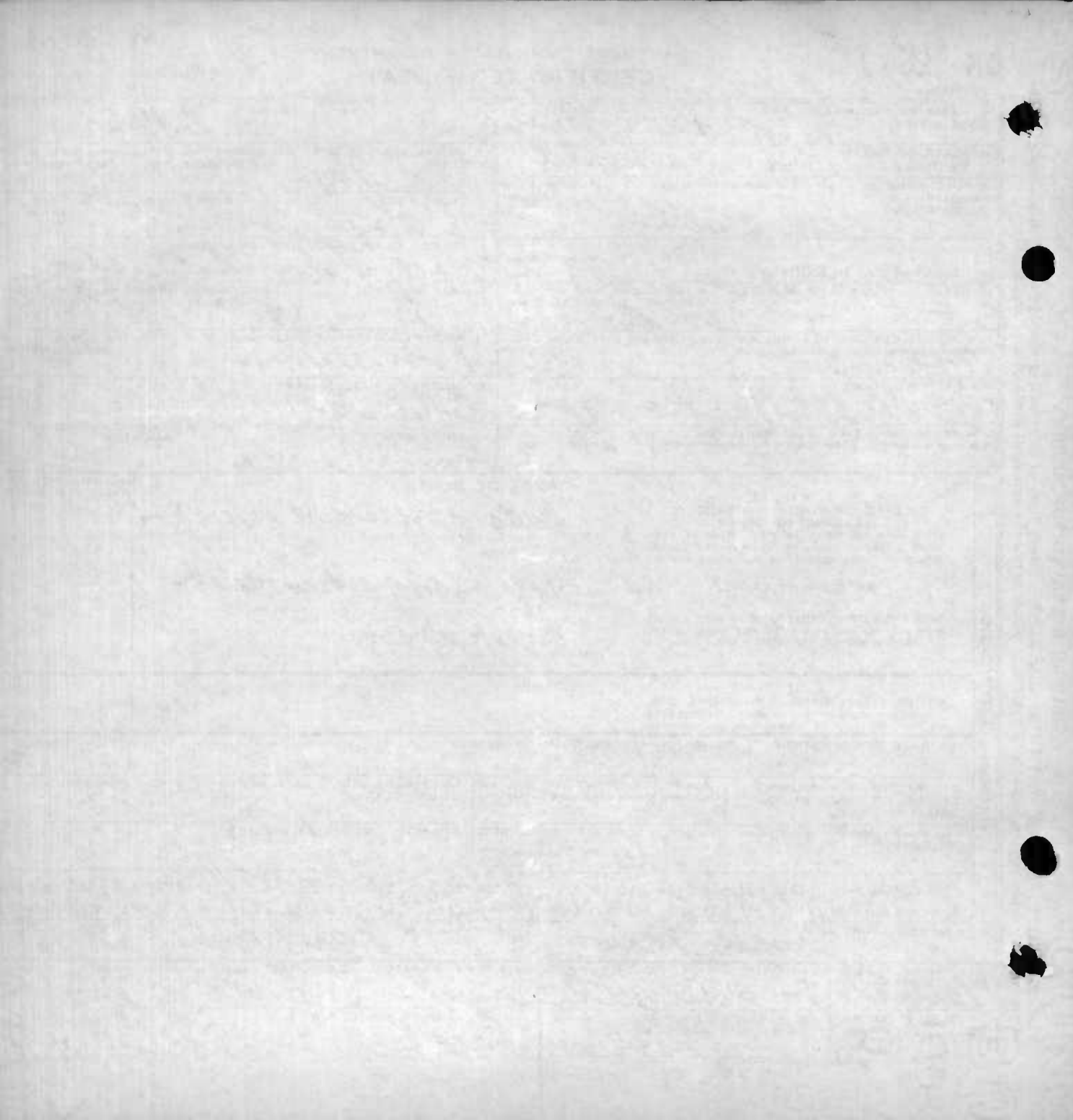
25. FUNERAL DIRECTOR

Jack Lewis 2100 Eutaw R

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2874

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUIS GOLDSTEIN

2. DATE
OF
DEATH

MARCH 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

BALTIMORE CITY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

MT. PLEASANT HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

3236 YOSEMITE AVE.

c. Length of stay in Baltimore

53 YEARS

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH

? ? 1887

9. AGE (in years last birthday)

65

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

TAILOR

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

LITHUANIA

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

ISAAC GOLDSTEIN

14. MOTHER'S MAIDEN NAME

BESSIE LEVIN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

212-07-4688

17. INFORMANT

IDA GOLDSTEIN (WIFE)

ADDRESS

SAME

18. 002X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) PULMONARY TUBERCULOSIS

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

3 YEARS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUGUST 10, 1950, to MARCH 19, 1953, that I last saw the deceased alive on MARCH 15, 1953, and that death occurred at 7:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

C. Rudner

M. D.

23B. ADDRESS

Mt. Pleasant Hospital, Baltimore, Md.

23C. DATE SIGNED

3-19-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 20 1953

Huntington Williams

Jack Lewis Inc 2100 Canton Pl

BALTO MD

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2875BIRTH NO. 425
53 2875

1. NAME OF DECEASED (Type or Print) <u>HOWARD M. SELIGMAN</u>			2. DATE OF DEATH <u>MAY 18, 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MARYLAND</u> B. COUNTY <u>27-17</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>NO 2830 GARRISON AVE</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTIMORE</u>		
c. Length of stay in Baltimore <u>58</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>2830 GARRISON AVE</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	B. DATE OF BIRTH		9. AGE (In years last birthday) <u>60</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OPERATOR</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>LADIES WEAR</u>	11. BIRTHPLACE (State or foreign country) <u>Phil. Pa</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>LOUIS</u>			14. MOTHER'S MAIDEN NAME <u>JENNIE</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>214-01-2555</u>	17. INFORMANT <u>Idg SELIGMAN -</u>		ADDRESS <u>SAME</u>
18. <u>163X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Coronary Thrombosis</u> DUE TO <u>Arteriosclerosis</u> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Carcinoma Lung</u>					INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>May 16, 1953</u> , to <u>May 18, 1953</u> , that I last saw the deceased alive on <u>3/18, 1953</u> , and that death occurred at <u>7:15 P</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>M. G. Needle</u>		23B. ADDRESS <u>4215 Oak Heights Trn</u>		23C. DATE SIGNED <u>3/20/53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24B. DATE <u>3-20-1953</u>	24C. NAME OF CEMETERY OR CREMATORY <u>HEBREW FRIENDSHIP</u>		24D. LOCATION (City, town, or county) (State) <u>BALTO MD</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 20 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR <u>Stark Lewis Inc.</u> ADDRESS <u>2100 Eutan PL</u>	

Maurice Feldman
Charles + Road St
Sa 2180 - Re 8121
Amur
1202³⁰
Heart Sta
900 Forest Rd
Pulao 5177

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct date is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 53 2876

53 2876 53-06108 CERTIFICATE OF DEATH

1. NAME OF DECEASED
(Type or Print)

Baby Boy LESTER F. THOMPSON JR.

2. DATE
OF
DEATH

3-19-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Sinai Hospital

C. CITY OR TOWN

(If outside corporate limits, with RURAL and give township)

Baltimore

c. Length of stay in Baltimore

6 Days

D. STREET ADDRESS (If rural, give location)

322 S Washington St.

5. SEX

male

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

3/13/53

9. AGE in years

last birthday

H Under 1 Year

Months: Days

H Under 24 Hours

Hours: Min.

6

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CHILD

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

LESTER FRANKLIN THOMPSON.

14. MOTHER'S MAIDEN NAME

PAULINE CRAWFORD.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

LESTER F. THOMPSON 3225 WASHINGTON ST.

18. 762.5

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) PREMATUREITY & ANOXIA

DUE TO

ANTECEDENT CAUSES

(B) Atelectasis

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/13, 1953 to 3/19, 1953, that I last saw the
deceased alive on 3/19, 1953, and that death occurred at 2:35 p.m., from the causes and on the date stated above.

23A. SIGNATURE

William S. Parker

M.D.

23B. ADDRESS

Sinai Hospital.

23C. DATE SIGNED

3/20/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

MAR 20 1953

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER CEM

24D. LOCATION (City, town, or county)

4430 BELAIR RD

(State)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

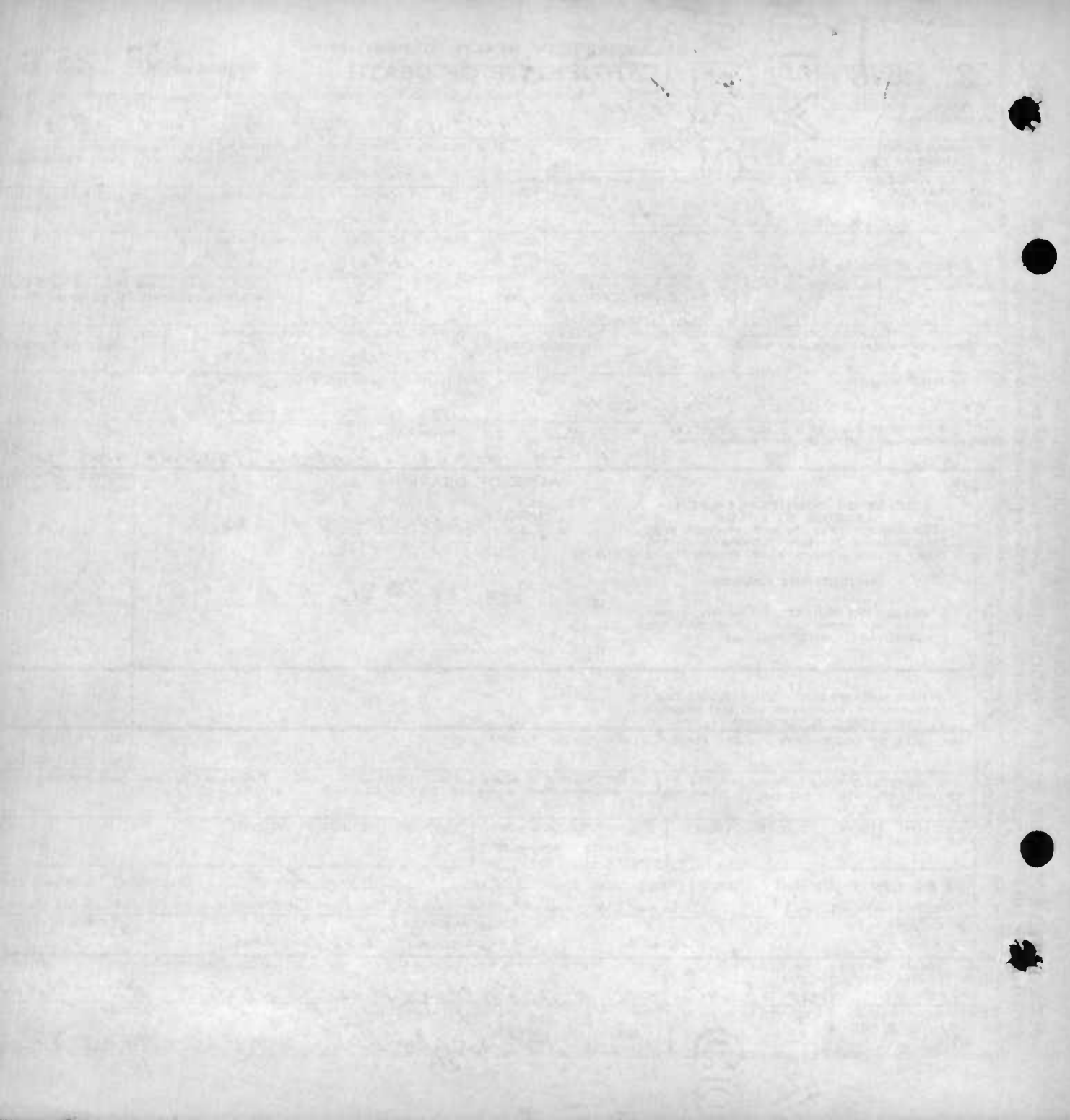
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 20 1953 Huntington Williams, M.D.

Doppel Bldg 1800 E LOMBARDA ST



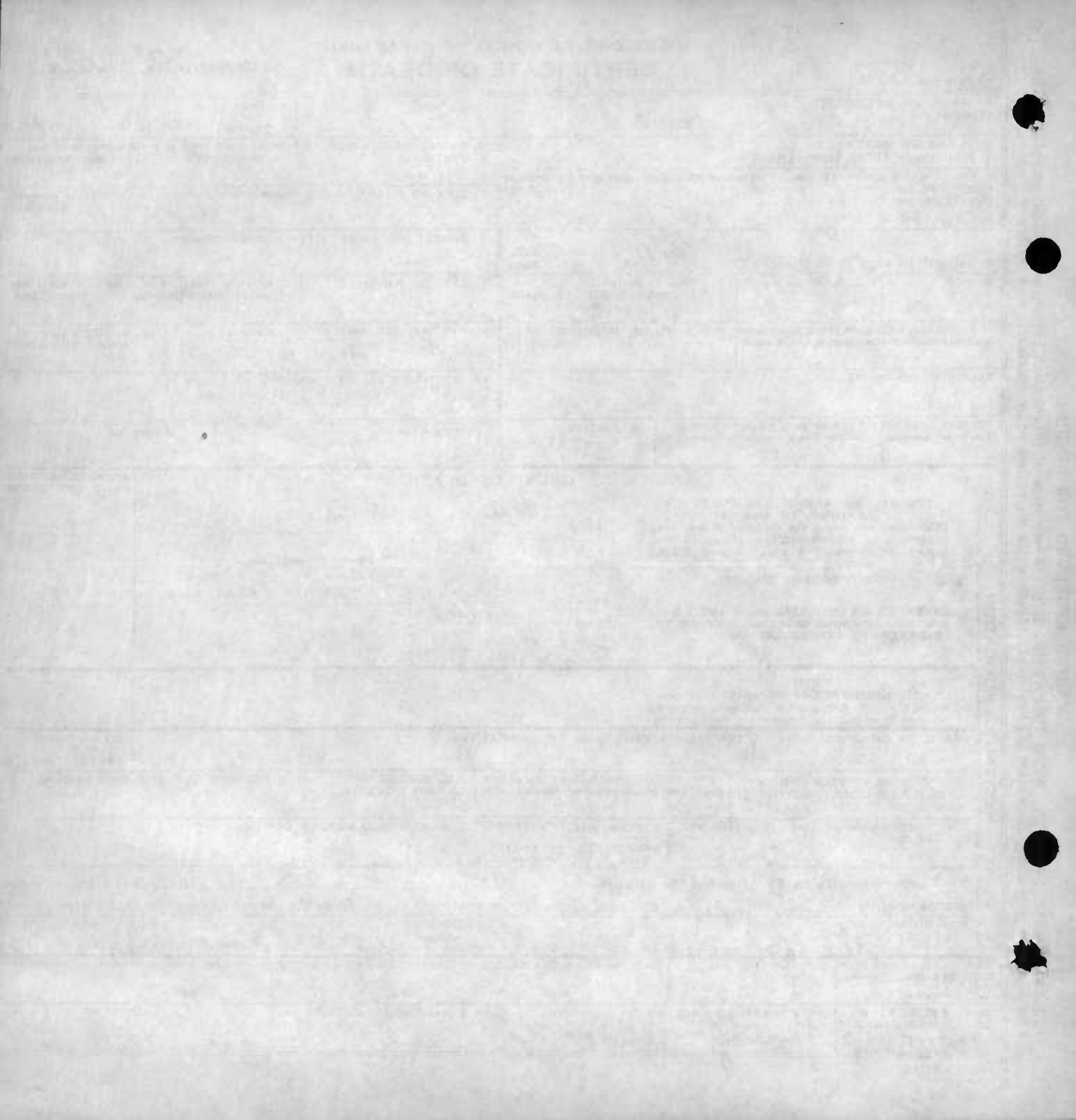
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2877BIRTH NO. 53 2877

1. NAME OF DECEASED (Type or Print) <u>FLORENCE YOUNG</u>		2. DATE OF DEATH <u>MARCH 19 1953</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md</u> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>SOUTH BALTIMORE GENERAL HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <u>Baltimore</u> <u>21-02</u>	
c. Length of stay in Baltimore <u>Life</u>		D. STREET ADDRESS (If rural, give location) <u>1203 Washington Blvd</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>10/23/1881</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	
13. FATHER'S NAME <u>William Clark</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore Md</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <u>Agnes Kelley</u>	
17. INFORMANT <u>Miss Margaret M. Young, wife</u>		ADDRESS <u>203</u>	

1B. <u>443X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH <u>CEREBRAL HEMORRHAGE</u>	INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
DUE TO		(A)	
ANTECEDENT CAUSES		(B) <u>HYPERTENSIVE CARDIO-VASCULAR DISEASE</u>	UNKNOWN
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO	
		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <u>NONE</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>MARCH 16</u> , 19 <u>53</u> , to <u>MARCH 19</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>MARCH 19</u> , 19 <u>53</u> , and that death occurred at <u>5:20 P. m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>W. M. Conway</u>		23B. ADDRESS <u>South Balto Gen Hosp.</u>		23C. DATE SIGNED <u>MAR 19 - 53</u>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>3/23/53</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Loudon Park Cem.</u>	24D. LOCATION (City, town, or county) (State) <u>3801 Frederick Ave</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 20 1953</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>John J. Cowan & Son</u>	
		ADDRESS <u>St.</u>	



Photostat both sides
of this certificate
when issuing certificates

HEALTH DEPARTMENT TE OF DEATH

Registered No. 53 2878

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY ELIZABETH SHERTZER

2. DATE
OF
DEATH

Mar. 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE
Md.

B. COUNTY

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Kenesaw Rest Home

2601 Roslyn Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Randallstown

D. STREET ADDRESS (If rural, give location)

9039 Liberty Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Oct. 13, 1868

9. AGE (In years
last birthday)

84

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Opal

14. MOTHER'S MAIDEN NAME

Mary Opal

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

none

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

Miss Mary Hatch - 9039 Liberty Rd.

Randallstown, Md.

18. 584X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) *Bronchopneumonia, acute*

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

terminal

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) *coma*

DUE TO

(C) *senile jaundice*

3 da.

2 mar.

over

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

over

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/9/53, 19, to 3/19/53, 19, that I last saw the deceased alive on 3/16/53, 19, and that death occurred at 2:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Robert B. Shryver M.D.

M. D.

23B. ADDRESS

Modern Art Bldg.

23C. DATE SIGNED

3/20/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/21/53

24C. NAME OF CEMETERY OR CREMATORY

Stone Chapel

24D. LOCATION (City, town, or county)

Balto. Co., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm. J. Schener & Sons

ADDRESS

Balto 17, Md.

53-2878

D. Chronic cholecystitis

many years.

E. Cholelithiasis

" "

F. General senile changes.

" "

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2879

BIRTH NO. 53 2879

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMATION ADDRESS
JOHNS HOPKINS HOSPITAL

18. 201X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

HODGKIN'S DISEASE

18 mos.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

ARTERIOSCLEROTIC HEART DISEASE

5 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-4-1953 to 3-20-1953 that I last saw the
deceased alive on 3-20-1953 and that death occurred at 10:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS
JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3-20-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 20 1953

VS 150

MARGIN RESERVE. BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0000

RECEIVED BY THE DIRECTOR

OFFICE OF THE DIRECTOR

OF THE BUREAU OF THE

INTERNAL SECURITY

OF THE UNITED STATES

DEPARTMENT OF JUSTICE

WASHINGTON, D. C.

20540

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100-100000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2880

53 2880
BIRTH NO.

1. NAME OF DECEASED (Type or Print) William I. Yeager			2. DATE OF DEATH March 18, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 121 N. Wolfe Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 121 N. Wolfe Street		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH January 7, 1881	9. AGE (In years last birthday) 72	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Insurance Salesman			10B. KIND OF BUSINESS OR INDUSTRY Nat'l Accident & Health		
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME William Yeager			14. MOTHER'S MAIDEN NAME Josephine		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 217-03-9482		
17. INFORMANT Margaret A. Yeager, 2613 Garrett Avenue			ADDRESS		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Carcinoma of Larynx with obstruction INTERVAL BETWEEN ONSET AND DEATH 3 mos					
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Coronary Heart Disease ?					
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Jan 7, 1953, to March 18, 1953, that I last saw the deceased alive on March 18, 1953, and that death occurred at 5:30 p. m., from the causes and on the date stated above.					
23A. SIGNATURE Dorothy Seingale M. D.			23B. ADDRESS 2000 E. Pratt St.		
23C. DATE SIGNED 3/19/53					
24A. BURIAL, CREMATION, REMOVAL (Specify) burial			24B. DATE 3/21/53		
24C. NAME OF CEMETERY OR CREMATORY Trinity Cemetery			24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		
DATE RECEIVED BY LOCAL REGISTRAR MAR 23 1953			REGISTRAR'S SIGNATURE Huntington Williams, M.D.		
25. FUNERAL DIRECTOR Wm. Cook, Inc.			ADDRESS 1217 St. Paul Street		

STATEMENT OF DEATH
CERTIFICATE OF DEATH

CAUSE OF DEATH

DEATH DUE TO
HEART DISEASE
CORONARY ARTERY DISEASE
MYOCARDIAL INFARCTION
CORONARY Atherosclerosis
CORONARY Arteriosclerosis
CORONARY Arteriovenous Malformation
CORONARY Arteriovenous Fistula
CORONARY Arteriovenous Malformation
CORONARY Arteriovenous Fistula

13

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2881
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr Woodrow Junie Warren

2. DATE
OF
DEATH

3-20-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1212 W. Belvedere Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

1-14-1919

9. AGE (In years
last birthday)

34

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

maiden care

10B. KIND OF BUSINESS OR
INDUSTRY

Aircraft Mfg.

11. BIRTHPLACE (State or foreign country)

Hickox, Georgia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Irene Warren

14. MOTHER'S MAIDEN NAME

Lyntha Dolling

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

255-12-9313

17. INFORMANT

ADDRESS

Helen C. Warren, 1212 W. Belvedere Ave

18. 411X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Calcific aortic stenosis

? years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Rheumatic heart disease

? years

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.1. Bronchopneumonia 3. cleft palate
2. Horseshoe kidneys

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

TH.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 14, 1953, to Mar 20, 1953, that I last saw the
deceased alive on Mar 20, 1953, and that death occurred at 3:15 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Alfred S. Nelson

M. D.

23B. ADDRESS

Union Memorial Hospital
Baltimore 18, Maryland

23C. DATE SIGNED

Mar 20, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

3/23/53

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

24D. LOCATION (City, town, or county)

Woodlawn, Maryland

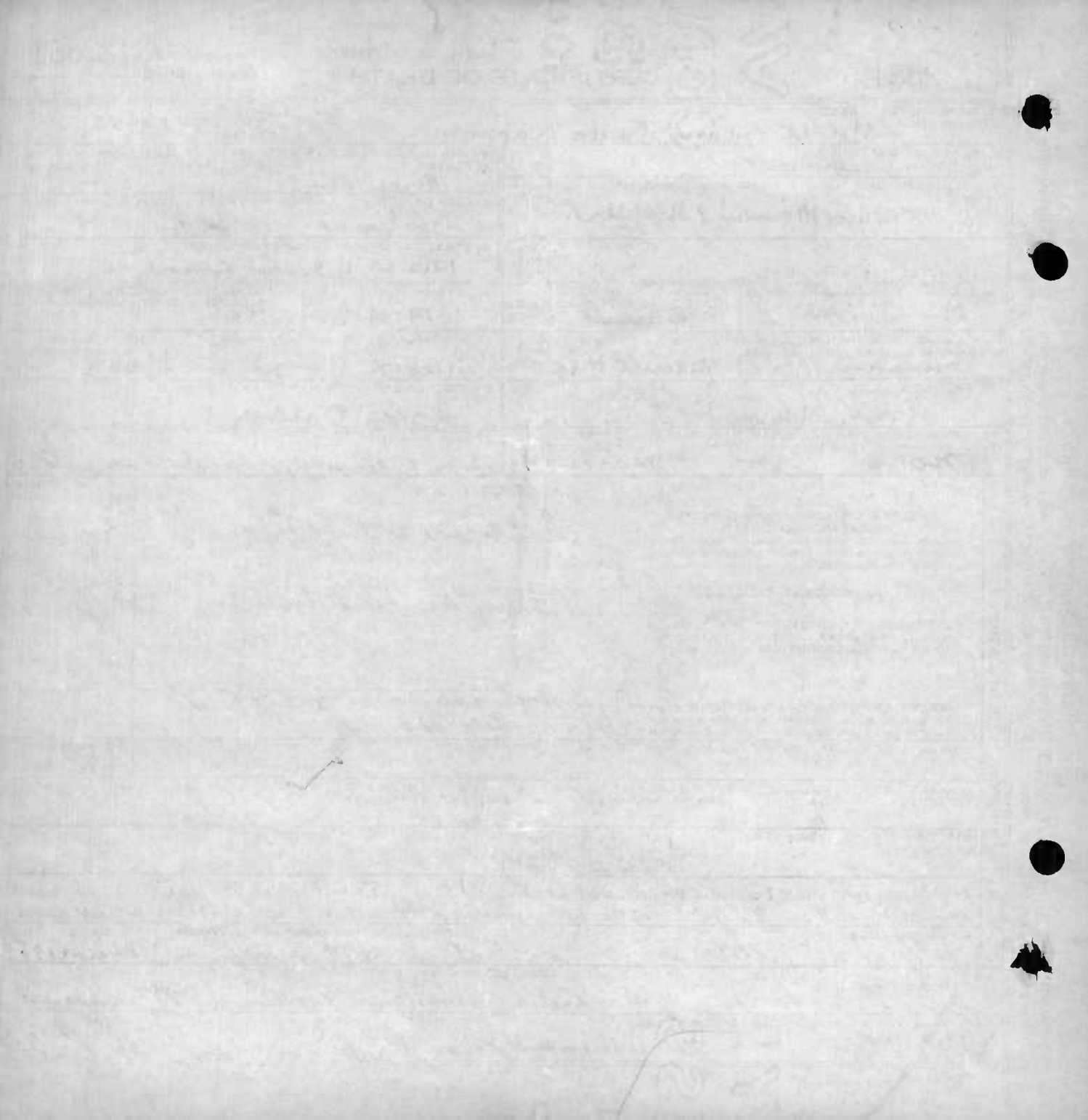
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Wm. Cook, Jr. c., 1217 E. Paul St.

25. FUNERAL DIRECTOR

ADDRESS



VEARA

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 2882**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Florence Deems Veara</i>		2. DATE OF DEATH <i>Mar 20 1953</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Md</i> b. COUNTY <i>27-13</i>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>212 Stony Run Lane</i>		c. CITY OR TOWN (If outside corporate limits write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>Life</i>		d. STREET ADDRESS (If rural, give location) <i>1108 Brynmawr Rd</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Feb 2 1872</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>	9. AGE (in years last birthday) <i>81</i>
13. FATHER'S NAME <i>Austin Bowersock</i>		11. BIRTHPLACE (State or foreign country) <i>Balto Md</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
16. SOCIAL SECURITY NO. <i>✓</i>		14. MOTHER'S MAIDEN NAME <i>Emma Curtis</i>	
17. INFORMANT <i>Mrs. Edward B Freeman</i>		ADDRESS <i>Same</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial Infarction</i> CAUSE OF DEATH (A) DUE TO <i>Anteriosclerotic Cardiovascular Disease</i> (B) DUE TO <i>5 yrs.</i> (C) DUE TO			INTERVAL BETWEEN ONSET AND DEATH <i>sudden</i> <i>over</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>March 12</i> , 19 <i>53</i> , to <i>March 19</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>March 19</i> , 19 <i>53</i> , and that death occurred at <i>5 A</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>J. Frank R. Smyke, Jr.</i>		23B. ADDRESS <i>1014 St Paul St,</i>	
23C. DATE SIGNED <i>3/20/53</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Mar 21/53</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>London Park</i>		24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 20 1953</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>W. H. Williams</i>		ADDRESS <i>6492 York Rd</i>	

CERTIFICATE OF DEATH

Dr. Supplee 3rd
1014 St Paul St

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2883

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) *Annie E. Stevens*2. DATE
OF
DEATH *March 19, 1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *3713 E. Baltimore St*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *MD*

B. COUNTY _____

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
*Baltimore 26-08*D. STREET ADDRESS (If rural, give location)
3713 E. Baltimore St

c. Length of stay in Baltimore

Yrs.
Mos.
Days5. SEX *Female*6. COLOR OR RACE *White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
*Widow*8. DATE OF BIRTH *May 15, 1859*9. AGE (In years last birthday) *93 yrs*10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY
*At Home*11. BIRTHPLACE (State or foreign country)
Anne Arundel Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
*George Merritt*14. MOTHER'S MAIDEN NAME
Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT
*George A. Stevens*ADDRESS
*3713 E. Baltimore St*18. *450.0*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) DUE TO
arteriosclerosis - generalized med cerebral hypoxia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
acute barotitis right
(C) _____

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb*, 1953 to *3/17*, 1953, that I last saw the deceased alive on *3/7*, 1953, and that death occurred at *2A* m., from the causes and on the date stated above.23A. SIGNATURE *J. H. [illegible]*

M. D.

23B. ADDRESS *3400 3 Bldg R*23C. DATE SIGNED *3/19/53*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE *3-21-53*24C. NAME OF CEMETERY OR CREMATORY *Calverton Cem*24D. LOCATION (City, town, or county) *Chase Md.*

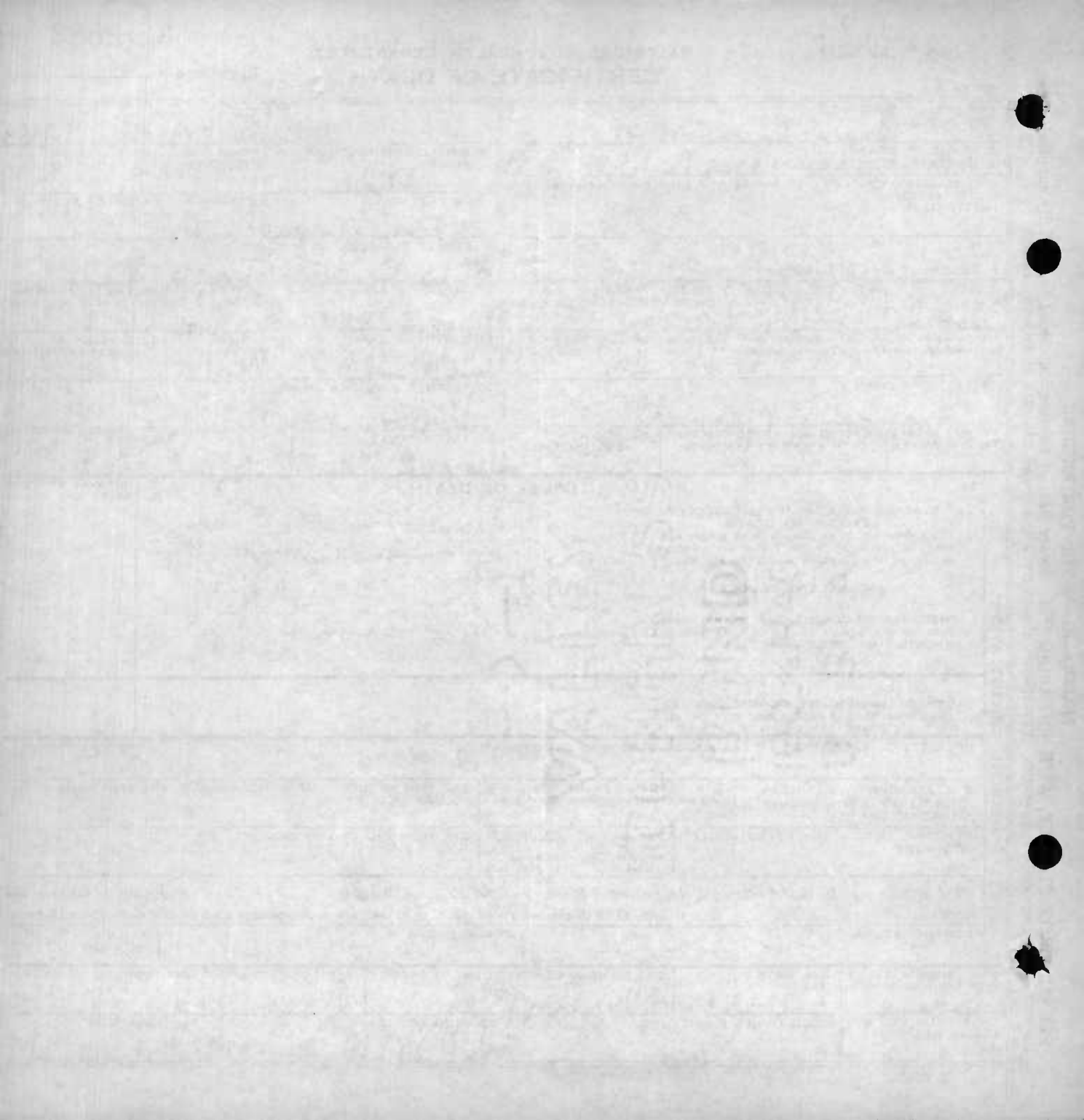
(State)

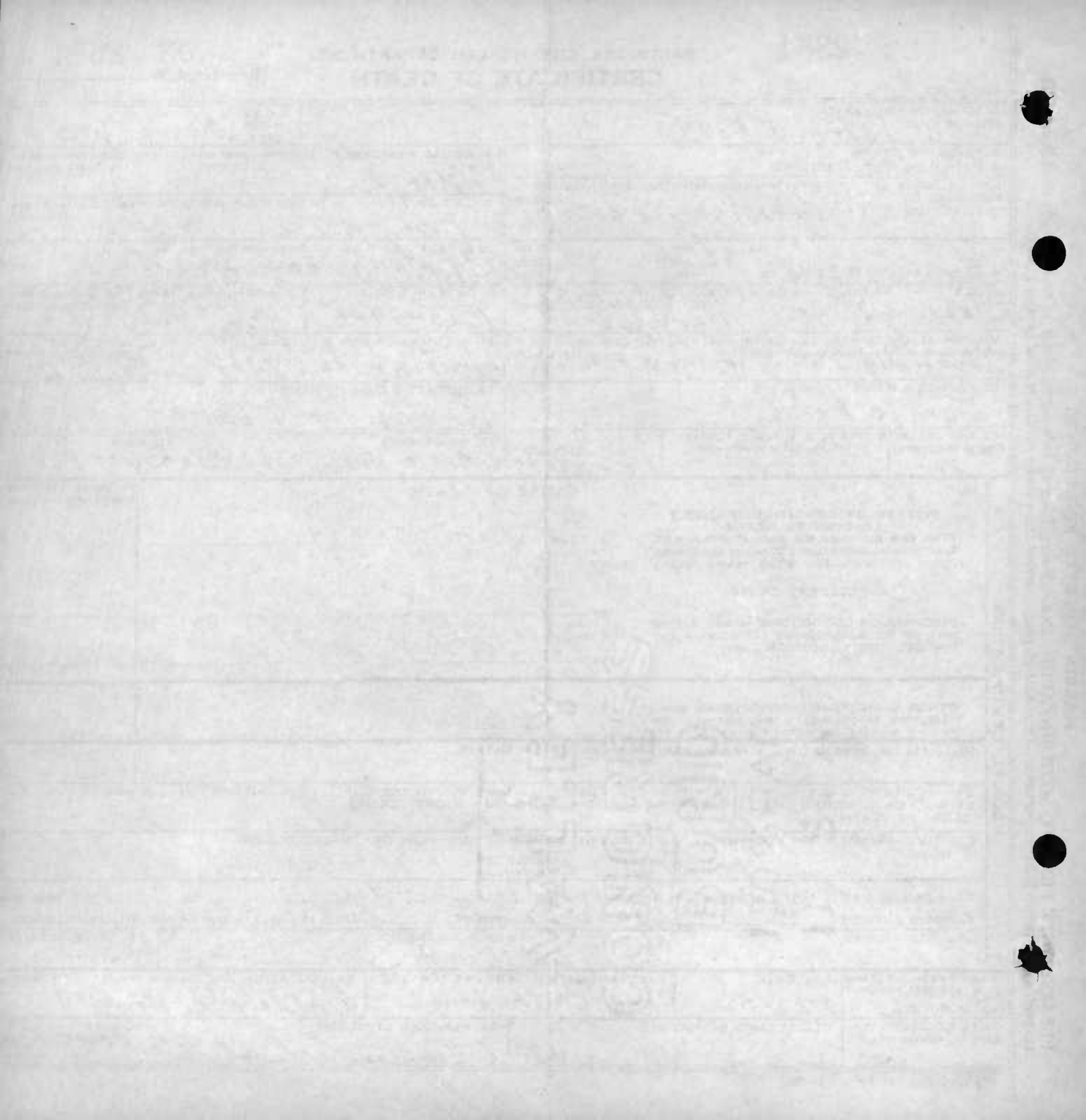
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE *[illegible]*

25. FUNERAL DIRECTOR

ADDRESS *John C. Miller Inc - 2431 E. Olney St*





BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2885
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Michael Fold*2. DATE
OF
DEATH*March 20, 1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

*Maryland*B. FULL NAME OF (If not in hospital or institution, give street address or
location)*South Baltimore Gen. Hospital*

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Baltimore 24-04

D. STREET ADDRESS (If rural, give location)

127 E. Barney St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

*W*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*M.*

8. DATE OF BIRTH

*1.27.83.*9. AGE (in years
last birthday)*70*

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*BARGE MAN*10B. KIND OF BUSINESS OR
INDUSTRY*W. Md. Pk.*

11. BIRTHPLACE (State or foreign country)

*Baltimore*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Adam.

14. MOTHER'S MAIDEN NAME

*Theresa Nellie*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*No*16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Family - Same.*18. *592x*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Uremia**4 wks.*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Chronic Glomerulonephritis**2 yrs.*

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORK NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3:30 PM 3/19, 1953* to *9:15 AM 3/20, 1953*, that I last saw the
deceased alive on *9:30 AM 3/19, 1953*, and that death occurred at *9:30 AM*, from the causes and on the date stated above.

23A. SIGNATURE

H. M. Bloomway

M. D.

23B. ADDRESS

South Balto Genl Hosp

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3.24.53.

24C. NAME OF CEMETERY OR CREMATORY

Abby Cross.

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Dr. L. De Coney

STATE OF NEW YORK

Blank document with faint horizontal lines and four binder holes on the right side.

M-256
53 2886

CERTIFICATE CORRECTED 3-31-53

53 2886

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Thomas A. McMoray</i>			2. DATE OF DEATH <i>3.19.53.</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <i>Ind.</i> b. COUNTY _____		
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>3611 Brooklyn Ave</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baeto. 25-04</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			d. STREET ADDRESS (If rural, give location) <i>3611 Brooklyn Ave.</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M.</i>	8. DATE OF BIRTH <i>1905 6.21.02</i>	9. AGE (In years last birthday) <i>48.41</i>	10. Under 1 Year Months: _____ Days: _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>MANAGER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>510 State</i>	11. BIRTHPLACE (State or foreign country) <i>Pa.</i>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <i>Lo Lu.</i>			14. MOTHER'S MAIDEN NAME <i>Unknown.</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS <i>Family - Same</i>		
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>coronary occlusion</i> DUE TO _____					INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>hypertensive cardio me</i> DUE TO _____					
(C) _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____					
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____		
21d. TIME (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from <i>3/18</i> , 19 <i>53</i> , to <i>3/19</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>3/19</i> , 19 <i>53</i> , and that death occurred at <i>9:30 am.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Philip H. Korte MD</i>			23b. ADDRESS <i>302 Patapoco Ave</i>		23c. DATE SIGNED <i>3-20-53.</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>15.</i>	24b. DATE <i>3.23.53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Prospect</i>	24d. LOCATION (City, town, or county) (State) <i>Talinton VA</i>		
DATE RECEIVED BY LOCAL REGISTRAR _____	REGISTRAR'S SIGNATURE <i>Huntington Williams MD</i>	25. FUNERAL DIRECTOR <i>W. L. De Coney</i>	ADDRESS <i>30 E. Fort Ave.</i>		

AB-168287

BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

53 2887

BIRTH NO.

CERTIFICATE OF DEATH

1. NAME OF DECEASED (Type or Print) Baby Boy White			2. DATE OF DEATH 3-13-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Carroll		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Westminster		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) Route 4		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 3-1-53	9. AGE (In years last birthday)	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME John White			14. MOTHER'S MAIDEN NAME Louise Kesselring		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.			ADDRESS		
18. 751X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Memingomyelocoele CAUSE OF DEATH (A) DUE TO Memingomyelocoele ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-1- , 19 53 , to 3-13- , 19 53 that I last saw the deceased alive on 3-13- , 19 53 , and that death occurred at 3.25 PM from the causes and on the date stated above.					
23A. SIGNATURE H. J. Williams, M.D.			23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 3-14-1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremated		24B. DATE 3-19-53	24C. NAME OF CEMETERY OR CREMATORY Baltimore City Hospitals		24D. LOCATION (City, town, or county) (State) 4940 Eastern Ave.
DATE RECEIVED BY LOCAL REGISTRAR AR 20 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS	

CERTIFICATE OF DEATH

1917-1918

1917-1918

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1917-1918

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2888
Registered No.

53 2888
BIRTH NO.

1. NAME OF DECEASED (Type or Print) MAMIE PURYEAR			2. DATE OF DEATH March 14, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 2339 Druid Hill Avenue		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 22, 1880	9. AGE (In years last birthday) 72	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher			11. BIRTHPLACE (State or foreign country) BALTO. Md.		
10B. KIND OF BUSINESS OR INDUSTRY Public School			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Louise Coleman			14. MOTHER'S MAIDEN NAME UNKNOWN Bailey		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS ELI MAE HORAH - VALLEY Rd.		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive arteriosclerotic cardiovascular disease	CAUSE OF DEATH (A) Hypertensive arteriosclerotic cardiovascular disease (B) (C)	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE <i>William W. [Signature]</i>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR	23C. DATE SIGNED March 18, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE MAR. 21 1953	24C. NAME OF CEMETERY OR CREMATORY MT. AUBURN	24D. LOCATION (City, town, or county) (State) Mt. WINDANS, Md.
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR Earl Gilmore - 519 N. [Address]	ADDRESS

V S 151

0938V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Widow's Pension

in the name of

school teacher

Miss Coleman

Elmwood Street

Miss Coleman

Elmwood Street

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. 53 2889

 BIRTH NO. 53 2889

 1. NAME OF DECEASED
(Type or Print) Bessie M. Bailey

 2. DATE OF DEATH Mar. 18, 1953

 3. PLACE OF DEATH:
A. Baltimore City, Maryland

 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE Maryland B. COUNTY Baltimore

 B. FULL NAME OF HOSPITAL OR INSTITUTION Lincoln Mem. Hosp.

 C. CITY OR TOWN Baltimore

c. Length of stay in Baltimore

 D. STREET ADDRESS (If rural, give location) 2037 N. Culloch St.

 5. SEX Female

 6. COLOR OR RACE Colored

 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow

 8. DATE OF BIRTH May 6, 1892

 9. AGE (in years last birthday) 60

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maids

 10B. KIND OF BUSINESS OR INDUSTRY Dom. Family

 11. BIRTHPLACE (State or foreign country) White Hall, Md.

12. CITIZEN OF WHAT COUNTRY?

 13. FATHER'S NAME Unknown

 14. MOTHER'S MAIDEN NAME Martha Lewis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

 17. PREVIOUS ADDRESS 1831 Druid Hill Ave.

 18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

 (A) Cerebral Vascular Hemorrhage
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

 (B) Myocardial Infarct
DUE TO

 (C) Coronary
9
symp
6 days

 II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

 WHILE AT WORK ☐ NOT WHILE AT WORK ☐

 22. I hereby certify that I attended the deceased from 9-10, 1952 to 3-18, 1953 that I last saw the deceased alive on 3-18, 1953 and that death occurred at 11:00 a.m., from the causes and on the date stated above.

 23A. SIGNATURE Charles J. Woods

M. D.

 23B. ADDRESS 811 Woodlark St.

 23C. DATE SIGNED 3-20-53

 24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

 24B. DATE Mar. 21, 1953

 24C. NAME OF CEMETERY OR CREMATORY Trinity Auburn

 24D. LOCATION (City, town, or county) Baltimore, Md.

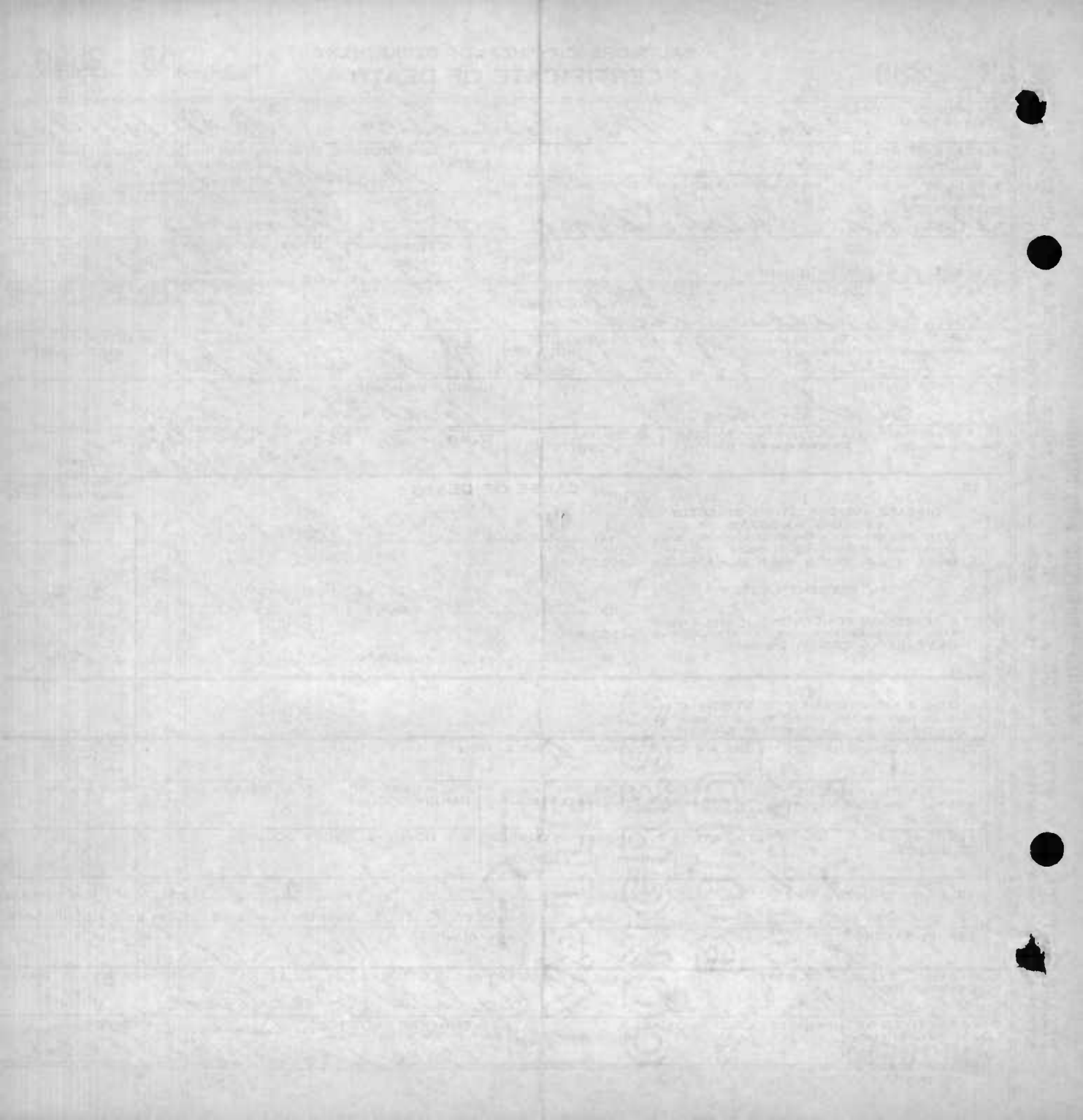
(State)

 DATE RECEIVED BY LOCAL REGISTRAR MAR 20 1953

 REGISTRAR'S SIGNATURE Thurston

 25. FUNERAL DIRECTOR Funeral Home

 ADDRESS 1631 Druid Hill Ave.



C-200

53 2890

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2890

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARGARET COOK

2. DATE
OF
DEATH

MARCH, 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Balti, City*4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

3 Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

PROVIDENT HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 6-04

D. STREET ADDRESS (If rural, give location)

1371. Durham St

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

ED

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

AUG. 12, 1901

9. AGE (In years
last birthday)

51

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSE WIFE

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

LANCASTER CT. VA

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

MARY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Samuel Cook 1371. Durham St

18. 592X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Glomerulo-nephritis

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from March 14, 1953, to March 18, 1953 that I last saw the
deceased alive on March 18, 1953, and that death occurred at 1:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Mar 21 of 53

Mt Calvary

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Telroy O Wilson
1000 Prattley E

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1925 20-11-02

1925

1. Name of deceased: [illegible]
2. Sex: [illegible]
3. Age: [illegible]
4. Date of birth: [illegible]
5. Place of birth: [illegible]
6. Usual residence: [illegible]
7. Cause of death: [illegible]
8. Date of death: [illegible]
9. Time of death: [illegible]
10. Signature of physician: [illegible]
11. Signature of registrar: [illegible]
12. Signature of informant: [illegible]

13. Name of informant: [illegible]
14. Address of informant: [illegible]
15. Signature of informant: [illegible]
16. Date of completion: [illegible]

17. Name of registrar: [illegible]
18. Address of registrar: [illegible]
19. Signature of registrar: [illegible]
20. Date of completion: [illegible]

21. Name of informant: [illegible]
22. Address of informant: [illegible]
23. Signature of informant: [illegible]
24. Date of completion: [illegible]

25. Name of informant: [illegible]
26. Address of informant: [illegible]
27. Signature of informant: [illegible]
28. Date of completion: [illegible]

29. Name of informant: [illegible]
30. Address of informant: [illegible]
31. Signature of informant: [illegible]
32. Date of completion: [illegible]

33. Name of informant: [illegible]
34. Address of informant: [illegible]
35. Signature of informant: [illegible]
36. Date of completion: [illegible]

37. Name of informant: [illegible]
38. Address of informant: [illegible]
39. Signature of informant: [illegible]
40. Date of completion: [illegible]

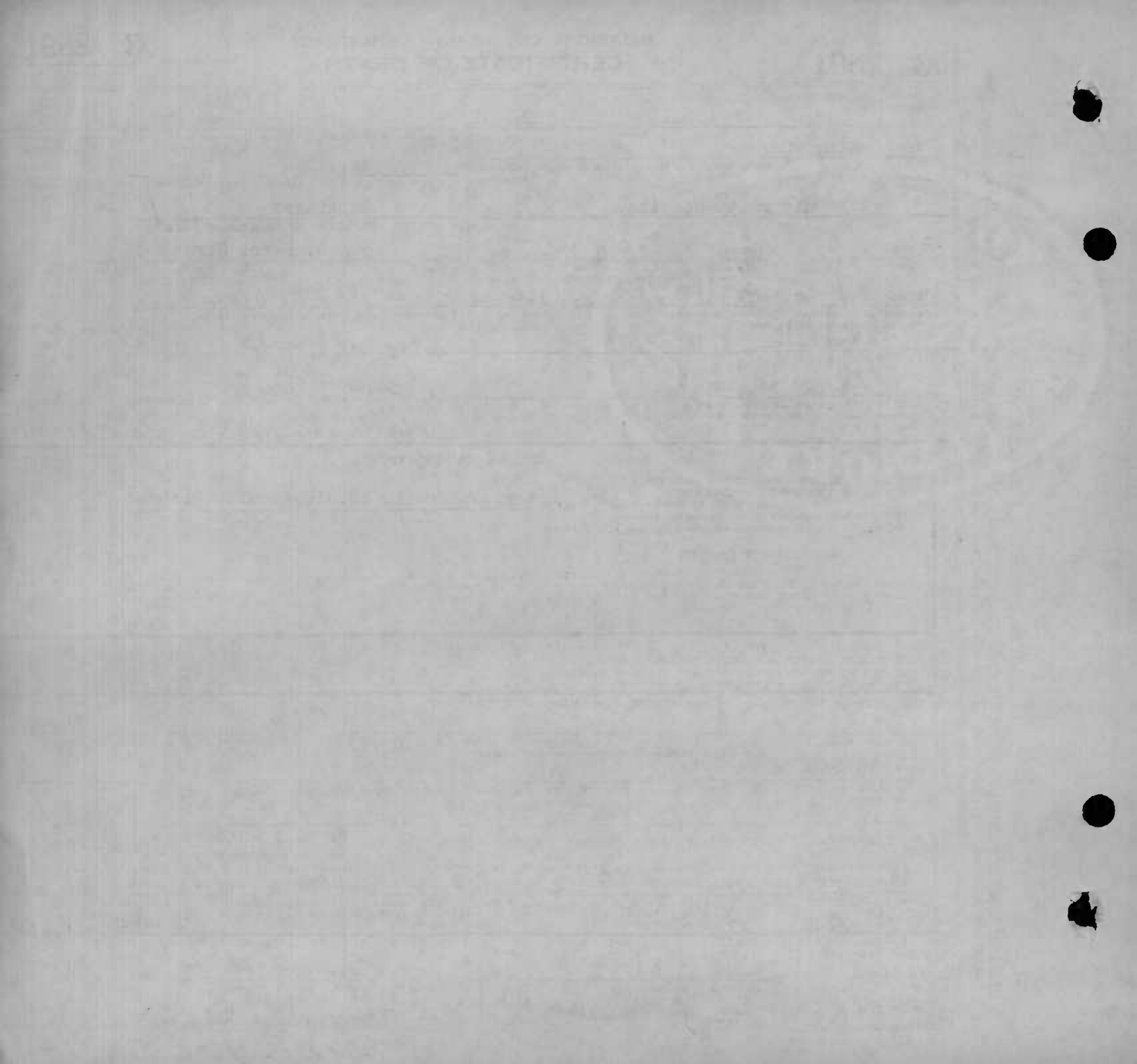
41. Name of informant: [illegible]
42. Address of informant: [illegible]
43. Signature of informant: [illegible]
44. Date of completion: [illegible]

45. Name of informant: [illegible]
46. Address of informant: [illegible]
47. Signature of informant: [illegible]
48. Date of completion: [illegible]

49. Name of informant: [illegible]
50. Address of informant: [illegible]
51. Signature of informant: [illegible]
52. Date of completion: [illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO. 53 2891				BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 2891	
1. NAME OF DECEASED (Type or Print) LESLIE KNIGHT				2. DATE OF DEATH March 18, 1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital				C. CITY OR TOWN (If outside corporate limits, write R.U.L. and give township) Baltimore			
c. Length of stay in Baltimore 30 yrs				D. STREET ADDRESS (If rural, give location) 504 N. Pearl Street			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 6-18-1889	9. AGE (in years last birthday) 64	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None				10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Virginia	
13. FATHER'S NAME John Knight				14. MOTHER'S MAIDEN NAME Rosa Carter			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO.		17. INFORMANT Walter Knight ADDRESS 1213 E. Biddle St			
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				(B) DUE TO			
(C) DUE TO							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .							
23A. SIGNATURE William V. ...		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED March 19, 1953			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-20-53		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Bm R. A. Co		24D. LOCATION (City, town, or county) (State) Md	
DATE RECEIVED BY LOCAL REGISTRAR MAR 20 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Rayner Sanders		ADDRESS 217 E. Preston St	



Dr. Louis Krause

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2892
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rev. Charles J. E. Lautenschlager

2. DATE
OF
DEATH

March 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

7011 Harford Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

7011 Harford Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

March 15, 1869

9. AGE (In years
last birthday)

84

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

clergyman

11. BIRTHPLACE (State or foreign country)

Indiana

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Lautenschlager

14. MOTHER'S MAIDEN NAME

Leah Coble

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS 7011
Rev. Paul Lautenschlager, Harford

18. 159x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Jan 13, 1953, to March 19, 1953, that I last saw the
deceased alive on March 19, 1953, and that death occurred at 3:58 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar 24, 1953

24C. NAME OF CEMETERY OR CREMATORY

Sandy Valley Cemetery

24D. LOCATION (City, town, or county)

Waynesburg, Stark Co, Ohio

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 20 1953

Huntington Williams, M. D.

Leonard J. Ruck

5305 Harford Road.

33 1890

CERTIFICATE OF DEATH

My name is J. S. [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

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[illegible]

[illegible]

[illegible]

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 2893**

AB-161692
53 2893
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mary Etzel			2. DATE OF DEATH 3-17-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 4-000		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life Yrs. Life Mos. Life Days Life			D. STREET ADDRESS (If rural, give location) 202 North Green St.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH ?		9. AGE (In years last birthday) 74?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10B. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? None			13. FATHER'S NAME Unknown		
14. MOTHER'S MAIDEN NAME Unknown			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		
16. SOCIAL SECURITY NO. None			17. INFORMANT ADDRESS Baltimore City Hospitals Records: 4940 Eastern Ave.		

18. 420.0 and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Arteriosclerotic Heart Disease and Failure DUE TO Diabetic Acidosis (B) DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-14- , 19 53 to 3-17- , 19 53 , that I last saw the deceased alive on 3-17- , 19 53 , and that death occurred at 1.5A m., from the causes and on the date stated above.					
23A. SIGNATURE 420.0 and 260X		23B. ADDRESS 4940 Eastern Ave. Baltimore Md.		23C. DATE SIGNED 3-18-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 19, 1953		24C. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Maryland		24E. FUNERAL DIRECTOR Earl B. Wolyerton Funeral Home, Inc		24F. ADDRESS 403 - E. 25th Street, Baltimore-18, Md	

CERTIFICATE OF DEATH

NAME

AGE

SEX

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE

AGE

SEX

DATE OF DEATH

AGE

CAUSE OF DEATH

IMMEDIATE CAUSE

INTERMEDIATE CAUSE

UNDERLYING CAUSE

DIAGNOSIS

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

IMMEDIATE CAUSE

INTERMEDIATE CAUSE

UNDERLYING CAUSE

DIAGNOSIS

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

IMMEDIATE CAUSE

INTERMEDIATE CAUSE

UNDERLYING CAUSE

DIAGNOSIS

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

IMMEDIATE CAUSE

INTERMEDIATE CAUSE

UNDERLYING CAUSE

DIAGNOSIS

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

IMMEDIATE CAUSE

INTERMEDIATE CAUSE

UNDERLYING CAUSE

DIAGNOSIS

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AB-77120

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2894BIRTH NO. 53 2894

1. NAME OF DECEASED (Type or Print) Susan Self			2. DATE OF DEATH March 14-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 26-12		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore		
c. Length of stay in Baltimore 50yrs.			D. STREET ADDRESS (If rural, give location) Baltimore City Hospitals, 4940 Eastern Ave.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 10-1867	9. AGE (In years last birthday) 85	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Virginia	
13. FATHER'S NAME Stephen Self			14. MOTHER'S MAIDEN NAME Ann Wilkens (Wilken)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMATION Baltimore City Hospitals Records: 4940 Eastern Ave. ✓	

18. 493X and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pneumonia (A) DUE TO			INTERVAL BETWEEN ONSET AND DEATH 1 wk.		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes Arteriosclerotic Heart Disease					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-2- , 19 42 , to 3-14- , 19 53 , that I last saw the deceased alive on 3-14- , 19 53 , and that death occurred at 6.10A m., from the causes and on the date stated above.					
23A. SIGNATURE H. J. Williams		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 3-14-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 21, 1953		24C. NAME OF CEMETERY OR CREMATORY St Peter's Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Maryland		24E. FUNERAL DIRECTOR Earl B. Wolverton Funeral Home, Inc		24F. ADDRESS 403 - E. 25th Street, Baltimore, 18, Md	
DATE RECEIVED BY LOCAL REGISTRAR MAR 20 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Earl B. Wolverton Funeral Home, Inc	

STATE OF TEXAS

IN THE COUNTY OF DALLAS

John

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2895

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BESSIE EVYLYN WEST

2. DATE
OF
DEATH March 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland none

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2625 St. Paul St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2625 St. Paul St.

c. Length of stay in Baltimore

life Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE. MARRIED.

WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

Sept. , 1875

9. AGE (In years
last birthday)

77

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?
U. S.

13. FATHER'S NAME

George F. West

14. MOTHER'S MAIDEN NAME

Mary Diana

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Chauncey A. West

ADDRESS

2625 St. Paul St.

18. 199.6

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Metastatic Carcinoma of Bones
DUE TO (generalized)

2 yrs +

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) (Origin uncertain)
DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Arteriosclerotic Heart Disease

years

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 8, 1951 to Mar. 19, 1953, that I last saw the
deceased alive on Mar. 18, 1953, and that death occurred at 12:55 AM from the causes and on the date stated above.

23A. SIGNATURE

Robert W. Garis

M. D.

23B. ADDRESS

1103 St. Paul St.

23C. DATE SIGNED

Mar. 19, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3 - 21 - 53

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

John O. Mitchell & Sons, Inc. - 1900 Eutaw Place

ADDRESS

John O. Mitchell

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2896

1. NAME OF DECEASED
(Type or Print)

JOHN M. JONES

2. DATE
OF
DEATH

March 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3516 Greenmount Ave.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Oct. 21, 1887

9. AGE (In years
last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Chiropractor

10B. KIND OF BUSINESS OR
INDUSTRY

Chiropractor

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

John T. Jones

14. MOTHER'S MAIDEN NAME

Ella Norfolk

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Nanale Jones 3516 Greenmount

18. 541.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute G.I. Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Duodenal ulcer

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

March 18, 1953

19B. MAJOR FINDINGS OF OPERATION

Hemorrhage from Duodenal Ulcer

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from March 18, 1953 to March 19, 1953, that I last saw the
deceased alive on March 19, 1953, and that death occurred at 2:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Louise Schrauffer

M. D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

3-19-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

cremation

24B. DATE

3 - 21 - 53

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24D. LOCATION (City, town, or county) (State)

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 20 1953

REGISTRAR'S SIGNATURE

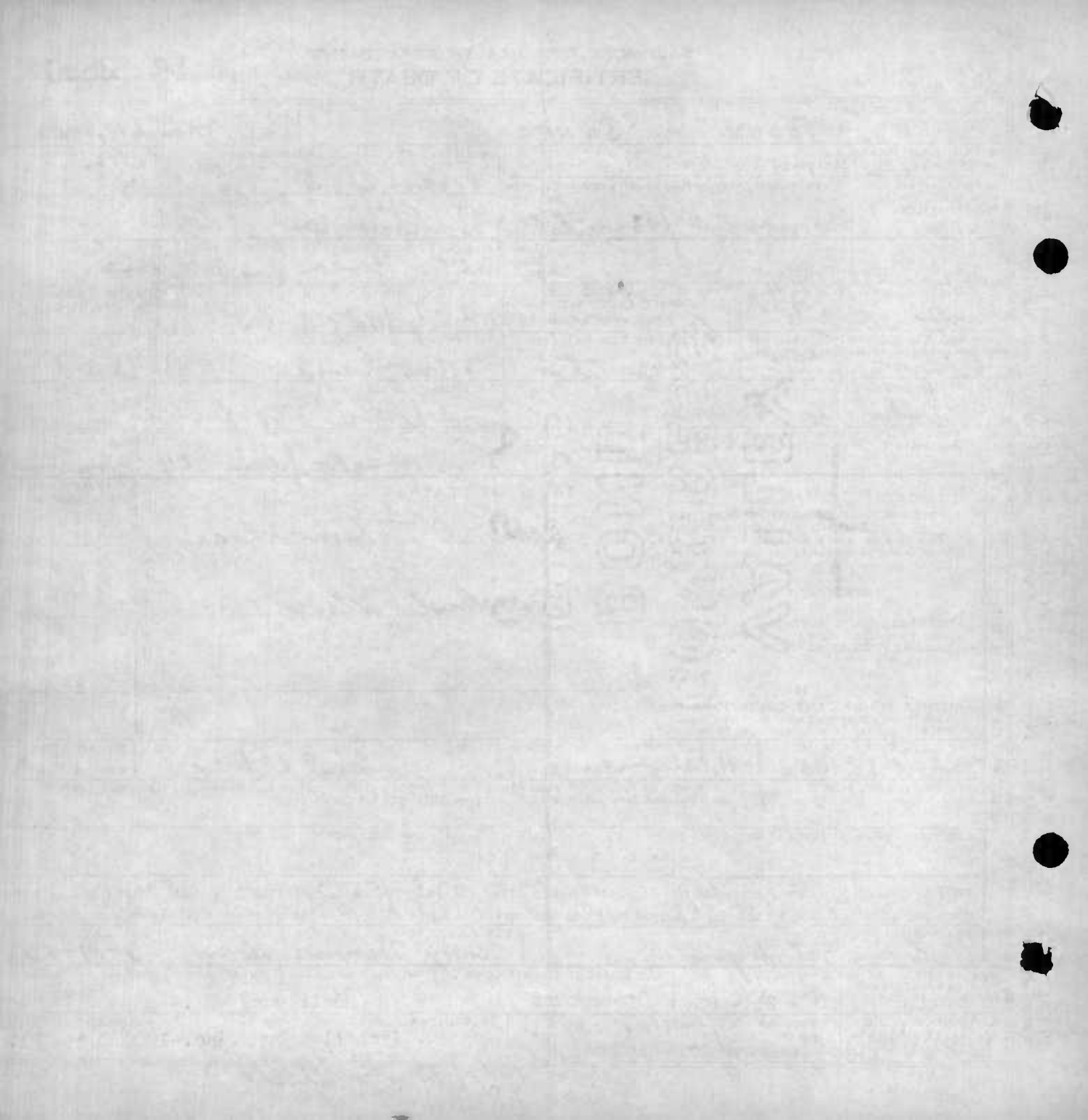
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John O. Mitchell & Sons, Inc. - 1900 Eutaw Pl.

ADDRESS

M B Mitchell



MARGIN RESERVED FOR BINDING

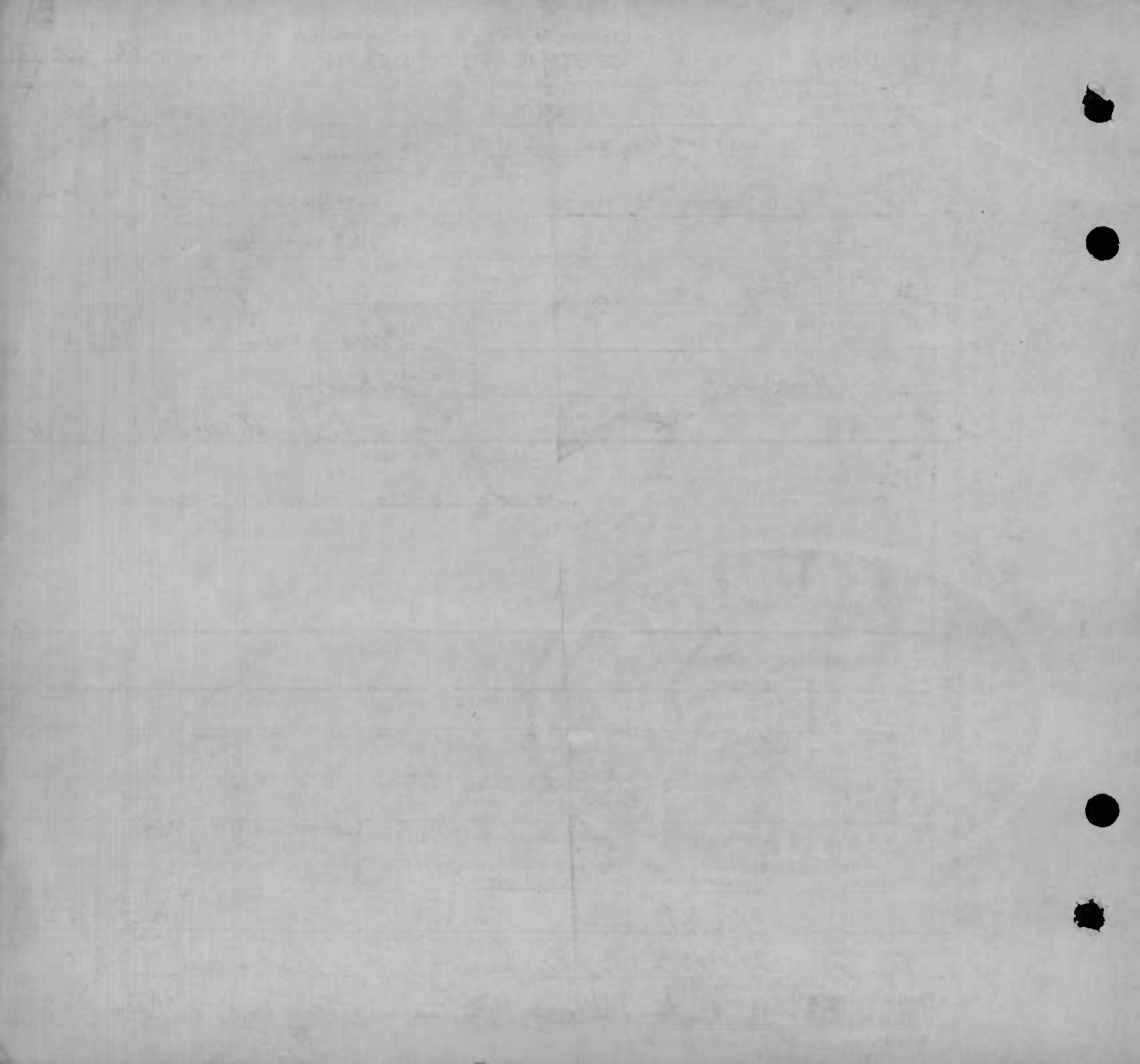
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-460
53 2897
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2897

1. NAME OF DECEASED (Type or Print)		AUGUST TAYLOR		2. DATE OF DEATH March 13, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1843 Kavanaugh St		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Morgue		C. CITY OR TOWN Baltimore		D. STREET ADDRESS (If rural, give location) 1843 Kavanaugh St.	
c. Length of stay in Baltimore		Yrs. Mos. Days			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Unknown	8. DATE OF BIRTH ?	9. AGE (In years last birthday) 75?	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Unknown		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown		17. INFORMANT Eugene P. Smith 1816 Mathieson Rd	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		ADDRESS	
18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE B. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED March 13, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/20/53		24C. NAME OF CEMETERY OR CREMATORY Mt Auburn	
24D. LOCATION (City, town, or county) (State) Baltimore City Md		24E. FUNERAL DIRECTOR Huntington Williams, Mrs. Frances G. Hemslay 578 N. Biddle St		24F. ADDRESS	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2898

420
53 2898
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Nellie Willis</u>			2. DATE OF DEATH <u>3/17/53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <u>MD</u> B. COUNTY <u>18-02</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Provident Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto</u>		
c. Length of stay in Baltimore <u>10 yr</u>			D. STREET ADDRESS (If rural, give location) <u>1041 Sarah Ave</u>		
5. SEX <u>fe</u>	6. COLOR OR RACE <u>ed</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>sep</u>	8. DATE OF BIRTH <u>9/11/14</u>	9. AGE (In years last birthday) <u>38</u>	H Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Housewife</u>			11. BIRTHPLACE (State or foreign country) <u>North, Carolina</u>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>unknown</u>			14. MOTHER'S MAIDEN NAME <u>Unknown</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Arthur Brown</u>			ADDRESS <u>914 Saratoga</u>		

18. <u>443X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) <u>Cardiovascular Accident</u> DUE TO (B) <u>Defensive Cardiovascular</u> DUE TO <u>1800 SD</u> (C) <u>Arteriosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>?</u> <u>?</u> <u>?</u>
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>March 17, 1953</u> , to <u>March 17, 1953</u> , that I last saw the deceased alive on <u>March 17, 1953</u> , and that death occurred at <u>9:35 AM.</u> , from the causes and on the date stated above.						
23A. SIGNATURE <u>[Signature]</u>		23B. ADDRESS M. D. <u>1427 E. Chesapeake</u>		23C. DATE SIGNED <u>3/17/53</u>		
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <u>3/21/1953</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Mount Auburn Cem</u>	24D. LOCATION (City, town, or county) (State) <u>Balto</u>			
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR <u>Max Katie R. Williams</u>		ADDRESS <u>322 N Schroeder St</u>		

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 2900**

BIRTH NO. **460**

1. NAME OF DECEASED
(Type or Print) **William F. Fuller**

2. DATE OF DEATH **March 18, 1953**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE **MD.** B. COUNTY **13-03**

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE **1104 Clendenin St.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto.

c. Length of stay in Baltimore
Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)
1104 Clendenin St.

5. SEX **Male**

6. COLOR OR RACE **Col.**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH **Aug. 24, 1901**

9. AGE (In years last birthday) **51**

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Butler

10B. KIND OF BUSINESS OR INDUSTRY
Domestic

11. BIRTH PLACE (State or foreign country)
Pulaski Va.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME
William Fuller

14. MOTHER'S MAIDEN NAME
Lena

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS **Barbara Fuller Clendenin St**

18. **420.1** I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) **Coronary Thrombosis**

3 1/2 hrs

DUE TO

(B) **Hypertensive Heart Disease**

One

DUE TO

(C) **Atherosclerosis**

month

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb 12, 1953**, to **March 18, 1953**, that I last saw the deceased alive on **March 10, 1953**, and that death occurred at **12:40 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE **Dr. Braden Higgins**

23B. ADDRESS **2243 Madison Ave**

23C. DATE SIGNED **3-19-53**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE **March 21-53**

24C. NAME OF CEMETERY OR CREMATORY **Wm. Adams Am. Balto.**

24D. LOCATION (City, town, or county) (State) **MD.**

DATE RECEIVED BY LOCAL REGISTRAR **MAR 20 1953**

REGISTRAR'S SIGNATURE **Harry J. Williams**

25. FUNERAL DIRECTOR **Mrs. Katie R. Williams**

ADDRESS **322 N. Schenck St.**

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2901B-650
53 2901

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Brown Mary*2. DATE
OF
DEATH*3/19/1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE*University Hosp.*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

Ind. Baltimore 4-00

D. STREET ADDRESS (If rural, give location)

724 W. Fayette St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years, If Under 1 Year, If Under 24 Hours last birthday, Months, Days, Hours, Min.)

*Jan. 1, 1901**52*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

*Housewife**Lenardtown Md.**U.S.A.*

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*No**James Brown 1020 W. Franklin St.*

18.

592X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Nephritis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)*Chronic Glomerulonephritis*II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.*Congestive Cardiac Failure**4 wks*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3/11/53*, to *3/19/53*, that I last saw the deceased alive on *3/19/53*, and that death occurred at *5:04* a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

*W. Alderman**Univ Hosp**3/19/53*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*Burial**3/23/1953**W. T. Calvary Cem**Cedar Hill Md.**MAR 20 1953**Washington Williams, M.D.**Mrs. Katie R. Williams**Schroeder St*

CERTIFICATE OF DEATH

<p>1. Name of deceased: _____</p>	
<p>2. Sex: _____</p>	
<p>3. Age: _____</p>	
<p>4. Date of death: _____</p>	
<p>5. Place of death: _____</p>	
<p>6. Cause of death: _____</p>	
<p>7. Signature of physician: _____</p>	
<p>8. Signature of registrar: _____</p>	
<p>9. Date of registration: _____</p>	
<p>10. Registrar's office: _____</p>	

MARGIN RESERVED FOR BINDING

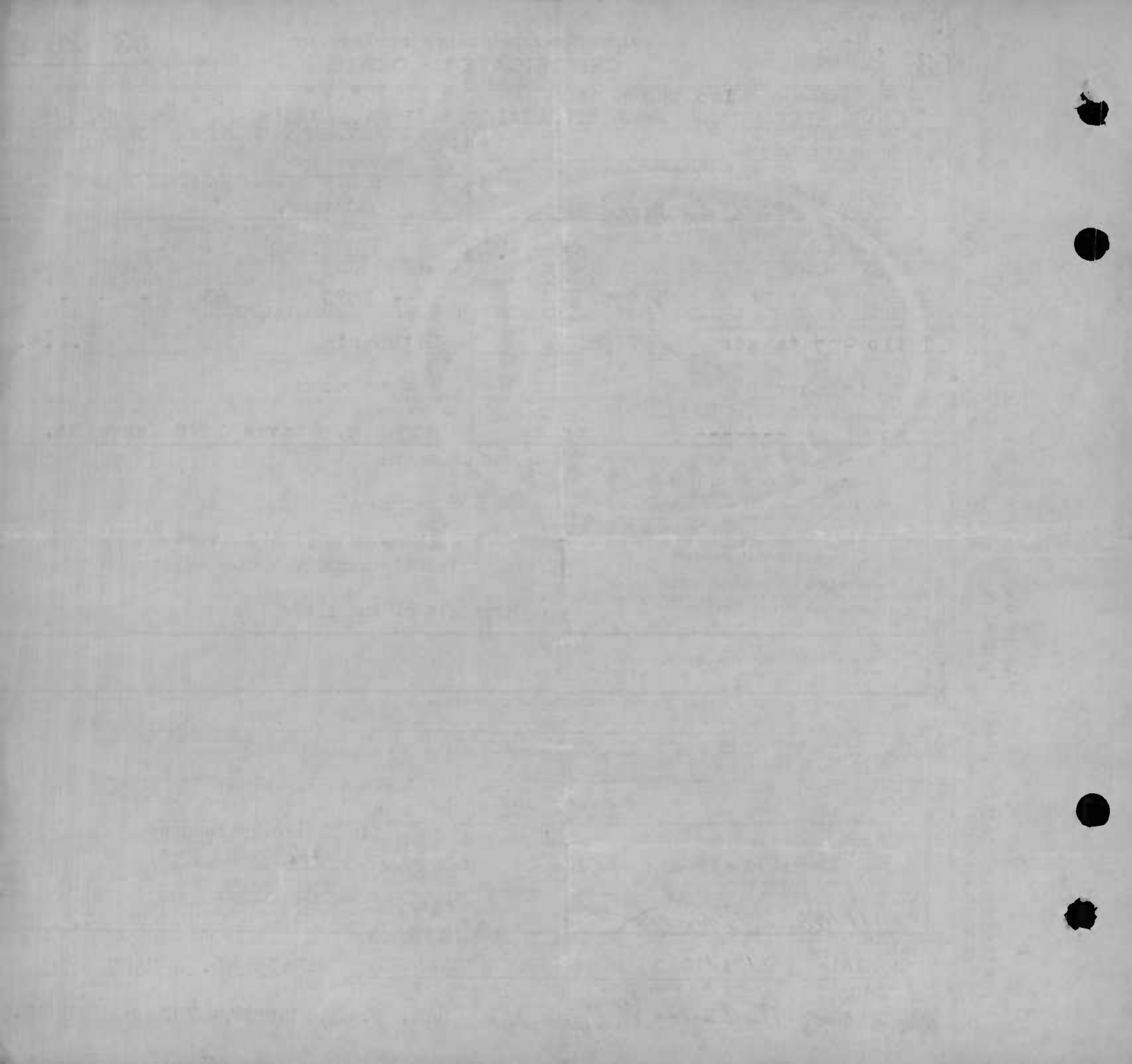
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2902

A-425
53-220
2902

1. NAME OF DECEASED (Type or Print) also known as & MASICKA (JOHN ALEXANDEJOHN MAEJIKI (MAZAIKA, MAZICKA, MASEIKA		2. DATE OF DEATH March 17, 1953	
3. PLACE OF DEATH: R A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 53 yrs		D. STREET ADDRESS (If rural, give location) 631 W. Baltimore Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH --- 1870
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor-coatmaker		10B. KIND OF BUSINESS OR INDUSTRY RETIRED	9. AGE (In years last birthday) 83
13. FATHER'S NAME unknown		11. BIRTHPLACE (State or foreign country) Lithuania	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. none		14. MOTHER'S MAIDEN NAME unknown	
17. INFORMANT Thomas A. Stavis		ADDRESS 1243 James St.	
18. 581.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Chronic alcoholism ONE X ANTECEDENT CAUSES (B) Arteriosclerotic cardiovascular disease ONE X DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) Cirrhosis of the liver			INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE <i>William J. Stavis</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED March 17, 1953			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 3/21/1953	24C. NAME OF CEMETERY OR CREMATORY MOST HOLY REDEEMER	24D. LOCATION (City, town, or county) (State) BELAIR RD. MARYLAND
DATE RECEIVED BY LOCAL REGISTRAR MAR 21 1953	REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>	25. FUNERAL DIRECTOR CHAS. W. KACHAUSKAS 703 MCHENRYST	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 2903**

53 2903
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Julia A Whitfield</i>		2. DATE OF DEATH <i>March 19, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>632 Franklin St</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>632 Franklin St</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Md</i>	
c. Length of stay in Baltimore <i>35 Years</i>		D. STREET ADDRESS (If rural, give location) <i>17-01</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>March 29, 1873</i>
9. AGE (In years last birthday) <i>80</i>		10. UNDER 1 Year Months: Days	11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Hagerstown Md</i>		12. CITIZEN OF <i>USA</i>	
13. FATHER'S NAME <i>Joseph Davis</i>		14. MOTHER'S MAIDEN NAME <i>Mahinda Davis</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Sula Stewart</i>		ADDRESS <i>632 Franklin St</i>	

18. <i>H32X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acute pericarditis & Hypertension</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Jan 1, 1953</i> <i>March 19, 53</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan 1</i> , 1953, to <i>March 14</i> , 1953, that I last saw the deceased alive on <i>March 14, 1953</i> , and that death occurred at <i>5 A m.</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>J. B. Stewart</i>		23B. ADDRESS <i>632 W Franklin St</i>		23C. DATE SIGNED <i>March 20 53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/22/1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>W. H. Harrison</i>	
24D. LOCATION (City, town, or county) <i>Baltimore Md</i>		24E. STATE <i>Md</i>		24F. ADDRESS <i>322</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 21 1953</i>		REGISTRAR'S SIGNATURE <i>W. H. Harrison</i>		25. FUNERAL DIRECTOR <i>W. H. Harrison</i>	

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

NAME OF DECEASED
AGE
SEX
RACE
DATE OF BIRTH
PLACE OF BIRTH
DATE OF DEATH
PLACE OF DEATH
CAUSE OF DEATH
MANNER OF DEATH
SIGNATURE OF REGISTRAR
SIGNATURE OF PHYSICIAN
SIGNATURE OF CLERK

DATE OF DEATH
PLACE OF DEATH
CAUSE OF DEATH
MANNER OF DEATH
SIGNATURE OF REGISTRAR
SIGNATURE OF PHYSICIAN
SIGNATURE OF CLERK

635
MAF/168737

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

53 2904

53 2904 52-22653

1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
Patsy Jean Burton			Mar. 19, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore middle River		
c. Length of stay in Baltimore 5½ mos.			D. STREET ADDRESS (If rural, give location) 41 Langley Rd. #20 5354		
5. SEX F	6. COLOR OR RACE Wh	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 24, 1952	9. AGE (In years last birthday) 5½	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William Reece Burton			14. MOTHER'S MAIDEN NAME Nellie Wills		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Records: Balto. City Hospitals 4940 Eastern Ave.		
18. 751X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Hydrocephalus ANTECEDENT CAUSES (B) Meningo - myelocoele DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-16, 1953, to 3-19, 1953, that I last saw the deceased alive on 3-19, 1953, and that death occurred at 1:30 AM, from the causes and on the date stated above.					
23A. SIGNATURE H. J. [Signature]		23B. ADDRESS M. D. 4940 Eastern Ave., Balto. Md.		23C. DATE SIGNED 3-19-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 3-21-1953		24C. NAME OF CEMETERY OR CREMATORY SACRED HEART CEM.	
24D. LOCATION (City, town, or county) (State) 7401 GERMAN HILL RD. M.D.		24E. DATE RECEIVED BY LOCAL REGISTRAR MAR 21 1953		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR Charles S. Geiler		24H. ADDRESS 901 S. CONKLING ST. BALTO., MD.			

STATE OF NEW YORK DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

FILE NO. 100-100000

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

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CAUSE OF BIRTH

MARGIN RESERVED FOR BINDING

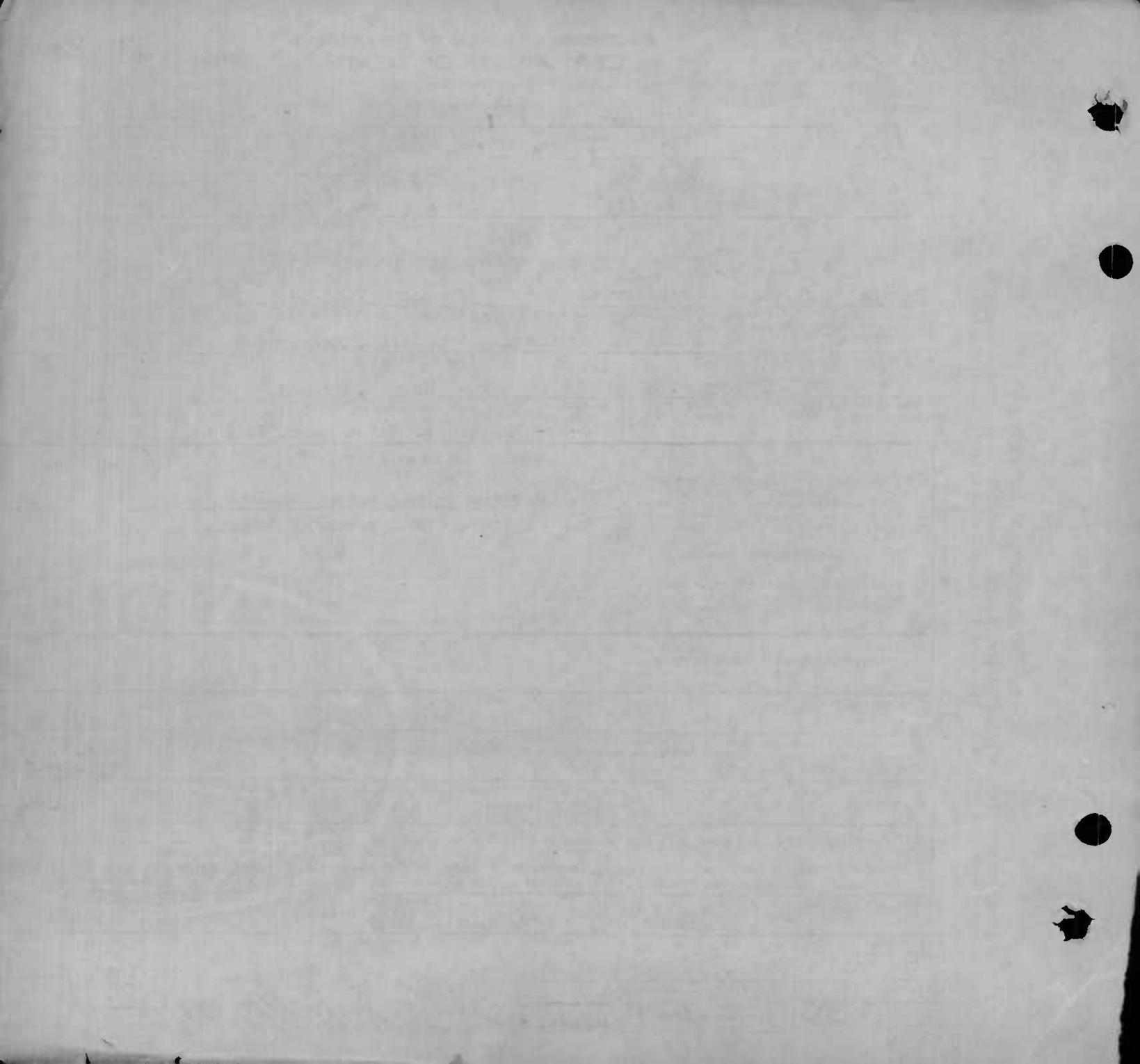
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-510
53 2905

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2905

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		MARTHA KEMP		March 20, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		A. STATE Maryland		B. COUNTY	
C. Length of stay in Baltimore		C. CITY OR TOWN Baltimore		D. STREET ADDRESS (If rural, give location) 2811 Allendale St.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH January 17, 1925	9. AGE (In years last birthday) 28	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary		10B. KIND OF BUSINESS OR INDUSTRY Chemical Engineering		11. BIRTHPLACE (State or foreign country) Oakland, Maryland	
13. FATHER'S NAME Gilderoy A. Whorton		12. CITIZEN OF WHAT COUNTRY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 218-22-4745		17. INFORMANT Mrs. Hutchinson, 2811 Allendale Road	
18. 237X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Massive intracerebral hemorrhage DUE TO Intracerebral vascular tumor (B) (C)		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Russell S. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED March 20, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) removal		24B. DATE 3/22/53		24C. NAME OF CEMETERY OR CREMATORY Oakland	
DATE RECEIVED BY LOCAL REGISTRAR MAR 21 1953		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR Cook & Co. 1217 St Paul St	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2906

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Catherine M. Pauls*2. DATE
OF
DEATH*3-19-53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

*Balto*B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)*535 N. Milton Ave*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

*Md**7-01*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto - Md

D. STREET ADDRESS (If rural, give location)

535 N. Milton Ave

C. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

*W*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Widowed*

8. DATE OF BIRTH

*5-6-80*9. AGE (In years
last birthday)*72*10. Under 1 Year
Months11. Under 24 Hours
Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY*Housewife*

11. BIRTHPLACE (State or foreign country)

*Balto*12. CITIZEN OF
WHAT COUNTRY?*USA*

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

*unknown*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Hilda C. Kressner**same*18. *420.0 and 260x*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

*Acute Cardiac Failure**30 hours*

DUE TO

ANTECEDENT CAUSES

(B)

*Arteriosclerotic Heart Disease**5 yrs.*

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

*Diabetes Mellitus**30 yrs.*

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *March 17, 1953* to *March 19, 1953*, that I last saw the
deceased alive on *March 18, 1953*, and that death occurred at *11:30 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

Israel Rosen

M. O.

23B. ADDRESS

2413 E. Monument St

23C. DATE SIGNED

*3/20/53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Burial**3-23-53**Holy Redeemer**Balto - Md*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*MAR 21 1953**Huntington Williams, M.D. - 403 S. W. 1st St.*

RECEIVED BY MAIL FROM THE

DEPT. OF THE INTERIOR

WASHINGTON, D. C.

NOV 10 1890

TO THE SECRETARY OF THE INTERIOR

FROM THE

COMMISSIONER OF THE GENERAL LAND OFFICE

WASHINGTON, D. C.

NOV 10 1890

TO THE SECRETARY OF THE INTERIOR

FROM THE

COMMISSIONER OF THE GENERAL LAND OFFICE

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WASHINGTON, D. C.

NOV 10 1890

TO THE SECRETARY OF THE INTERIOR

FROM THE

COMMISSIONER OF THE GENERAL LAND OFFICE

WASHINGTON, D. C.

MARGIN RESERVED FOR BINDING

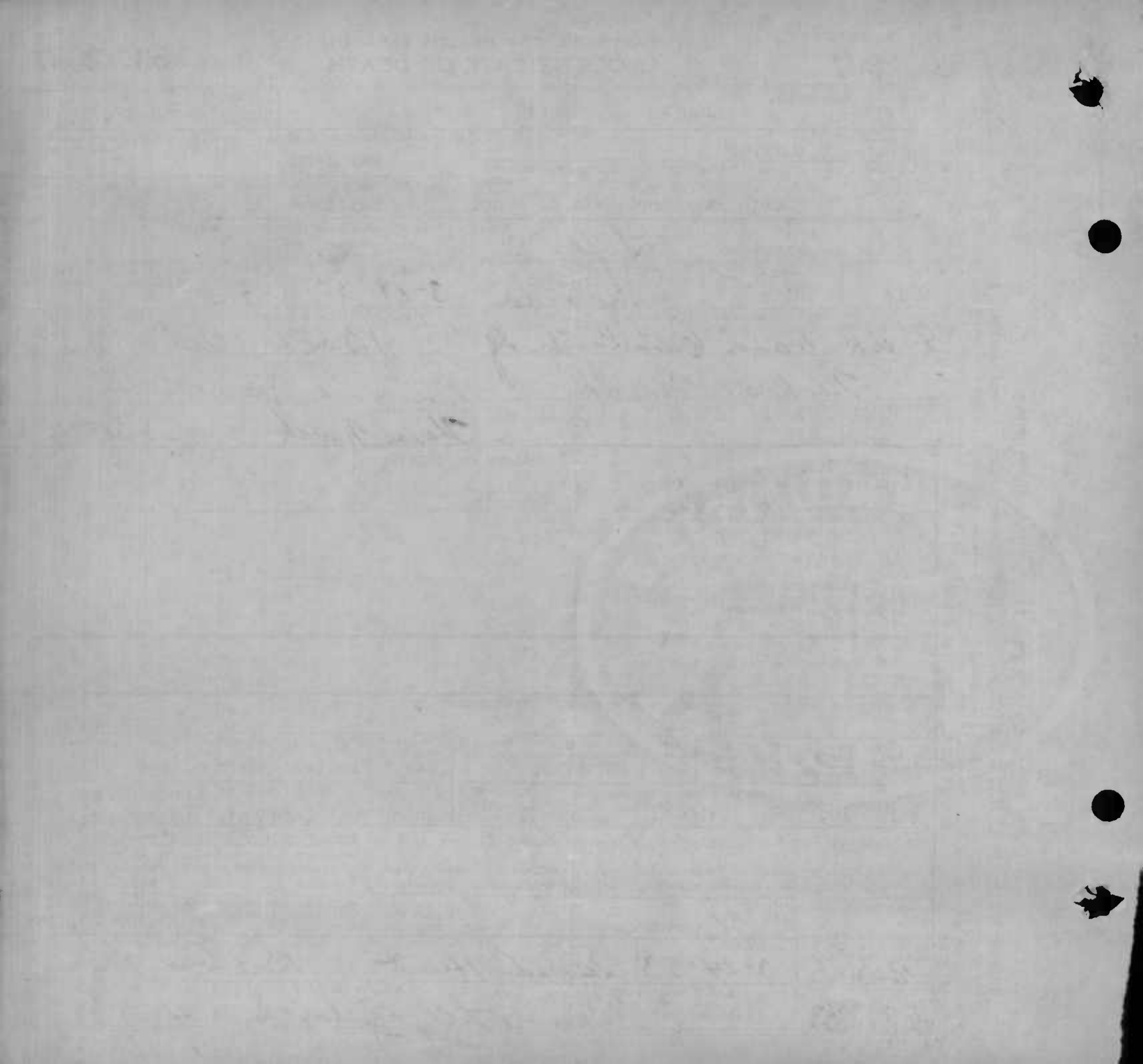
The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-120
2907
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 58 2907

1. NAME OF DECEASED (Type or Print)		JOSEPH NOVAK		2. DATE OF DEATH March 19, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
5. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hosp.		6. STREET ADDRESS (If rural, give location) 212 S. Oldham St.		7. DATE OF BIRTH 3-19-30	
8. Length of stay in Baltimore Life		9. AGE (In years last birthday) 23		10. If Under 1 Year Months: Days If Under 24 Hours Hours Min.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3-19-30		9. AGE (In years last birthday) 23
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deck Hand		10B. KIND OF BUSINESS OR INDUSTRY Curtain Bay Touring		11. BIRTHPLACE (State or foreign country) Balt - Md	
13. FATHER'S NAME Nicholas Novak		14. MOTHER'S MAIDEN NAME Katherine Jaszkulski		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Theresa Novak - 212 S. Oldham St.	
18. E 851X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Drowning		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) DUE TO			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) harbor		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Gas & Electric Plant 23/3	
21D. TIME (Month) (Day) (Year) (Hour) March 19, 1953 2:00 P.		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Knocked from towing boat into water by hauser	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>					
23A. SIGNATURE RBFisher		23B. CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR		23C. DATE SIGNED March 20, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-24-53		24C. NAME OF CEMETERY OR CREMATORY Seared Heart	
24D. LOCATION (City, town, or county) (State) Balt - Md		25. FUNERAL DIRECTOR Huntington Williams, M. Kelly + Zickler - Chm.		ADDRESS 403 S. Noef St.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2908
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY HENRY JUELG

2. DATE
OF
DEATH

Mar. 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

825 Belgian Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

825 Belgian Ave.

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

June 30, 1875

9. AGE (In years
last birthday)

77

If Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Sales manager (rtd)

10B. KIND OF BUSINESS OR
INDUSTRY
Piano and Music

11. BIRTHPLACE (State or foreign country)

Illinois

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Juelg

14. MOTHER'S MAIDEN NAME

- Knoble

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

-

16. SOCIAL
SECURITY NO.
213 - 10 - 4964

17. INFORMANT

ADDRESS

Mrs. Jane Juelg-825 Belgian Ave.

18. 442x and 260x

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) Cerebral Hemorrhage with
Hemiplegia (Left)
DUE TO Hypertension, cardio-vascular
(B) Renal disease
DUE TO
(C) Diabetes MellitusINTERVAL BETWEEN
ONSET AND DEATH

3 weeks.

5 YRS.

4 YRS.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 2, 1953, to Mar. 21, 1953, that I last saw the
deceased alive on Mar. 20, 1953, and that death occurred at 12:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Lloyd E. Saylor M. D.

23B. ADDRESS

3902 Greenmountain.

23C. DATE SIGNED

Mar 21, 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/23/53

24C. NAME OF CEMETERY OR CREMATORY

Oak Hill Cem.

24D. LOCATION (City, town, or county)

Lonaconing, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. J. Pickens & Sons

Baltimore, Md.

MAR 21 1953

VS 150

MARGIN RESERVED FOR BINDING

PLEASE TYPE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

REPUBLIC OF CHINA
MINISTRY OF HEALTH
BUREAU OF HEALTH

FORM 1

1943

REPORT OF DEATH

NAME OF DECEASED

AGE

SEX

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Doctor

Signature of Family

Signature of Witness

Signature of Registrar

Signature of Officer

Signature of Clerk

Signature of Nurse

Signature of Pharmacist

Signature of Physician

Signature of Surgeon

Signature of Dentist

Signature of Veterinarian

Signature of Midwife

Signature of Health Officer

Signature of Sanitary Officer

Signature of Health Inspector

Signature of Health Agent

Signature of Health Worker

Signature of Health Volunteer

Signature of Health Assistant

Signature of Health Aide

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 53 2909

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ralph H. Berrecloth

2. DATE OF DEATH

3-20-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Sumner Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3316 Ingleside Ave.

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 12, 1880

9. AGE (in years last birthday)

72

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Janitor

10B. KIND OF BUSINESS OR INDUSTRY

Pimlico School

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Harry Berrecloth

14. MOTHER'S MAIDEN NAME

Caroline --

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowns) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Ralph H. Berrecloth-3316 Ingleside Ave.

18. *163X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

CARCINOMA LUNG

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2-14-*, 19*53*, to *3-20-53*, that I last saw the deceased alive on *3-30-53*, 19*53* and that death occurred at *11 a. m.*, from the causes and on the date stated above.

23A. SIGNATURE

Greenberg

M. D.

23B. ADDRESS

Sumner Hosp.

23C. DATE SIGNED

3-20-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/24/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Pisker & Sons

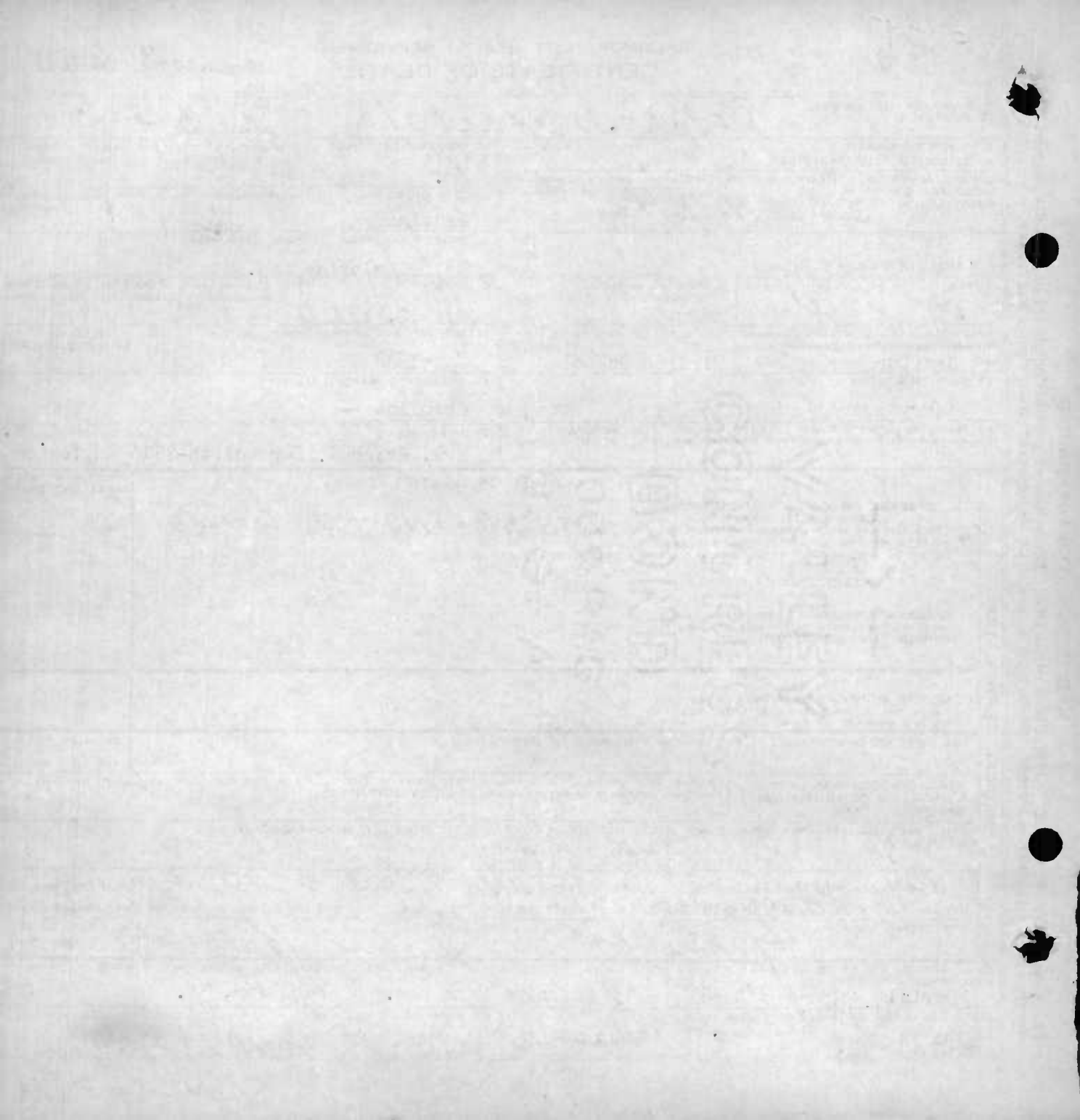
VS 150

770 8V

Balto. 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2910**

53 2910
BIRTH NO.

1. NAME OF DECEASED (Type or Print) **Harvey Loats** 2. DATE OF DEATH **March 19, 1953**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE **Maryland** B. COUNTY **Baltimore**
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore** **13-06**

B. FULL NAME OF HOSPITAL OR INSTITUTION **Union Memorial Hosp**
D. STREET ADDRESS (If rural, give location) **3541 Roland Avenue**
c. Length of stay in Baltimore **65 yrs** Yrs. Mos. Days

5. SEX **Male** 6. COLOR OR RACE **White** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **January 8, 1879** 9. AGE (In years last birthday) **74** 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Guard (Retired)** 10B. KIND OF BUSINESS OR INDUSTRY **Armor Meat Packers** 11. BIRTHPLACE (State or foreign country) **Maryland** 12. CITIZEN OF WHAT COUNTRY? **USA**

13. FATHER'S NAME **John Loats** 14. MOTHER'S MAIDEN NAME **Janette Buckenham**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **—** (If yes, give war or dates of service) **—** 16. SOCIAL SECURITY NO. **215-07-6483** 17. INFORMANT **Mr Herbert Loats** ADDRESS **3534 Rolfe St**

18. **570.5** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) **Internal obstruction**
DUE TO (A) **Internal obstruction**
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. **Etiology unknown**
DUE TO (B) **Etiology unknown**
DUE TO (C) **Hypertensive cardiovascular disease**

19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION **—** 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) **—** 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **—** 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) **—**

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY **—** 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK 21F. HOW DID INJURY OCCUR? **—**

22. I hereby certify that I attended the deceased from **March 18, 1953**, to **March 19, 1953**, that I last saw the deceased alive on **March 14, 1953**, and that death occurred at **4 A.m.**, from the causes and on the date stated above.

23A. SIGNATURE **Louise Schrauf** 23B. ADDRESS **Union Memorial Hosp.** 23C. DATE SIGNED **3-19-53**

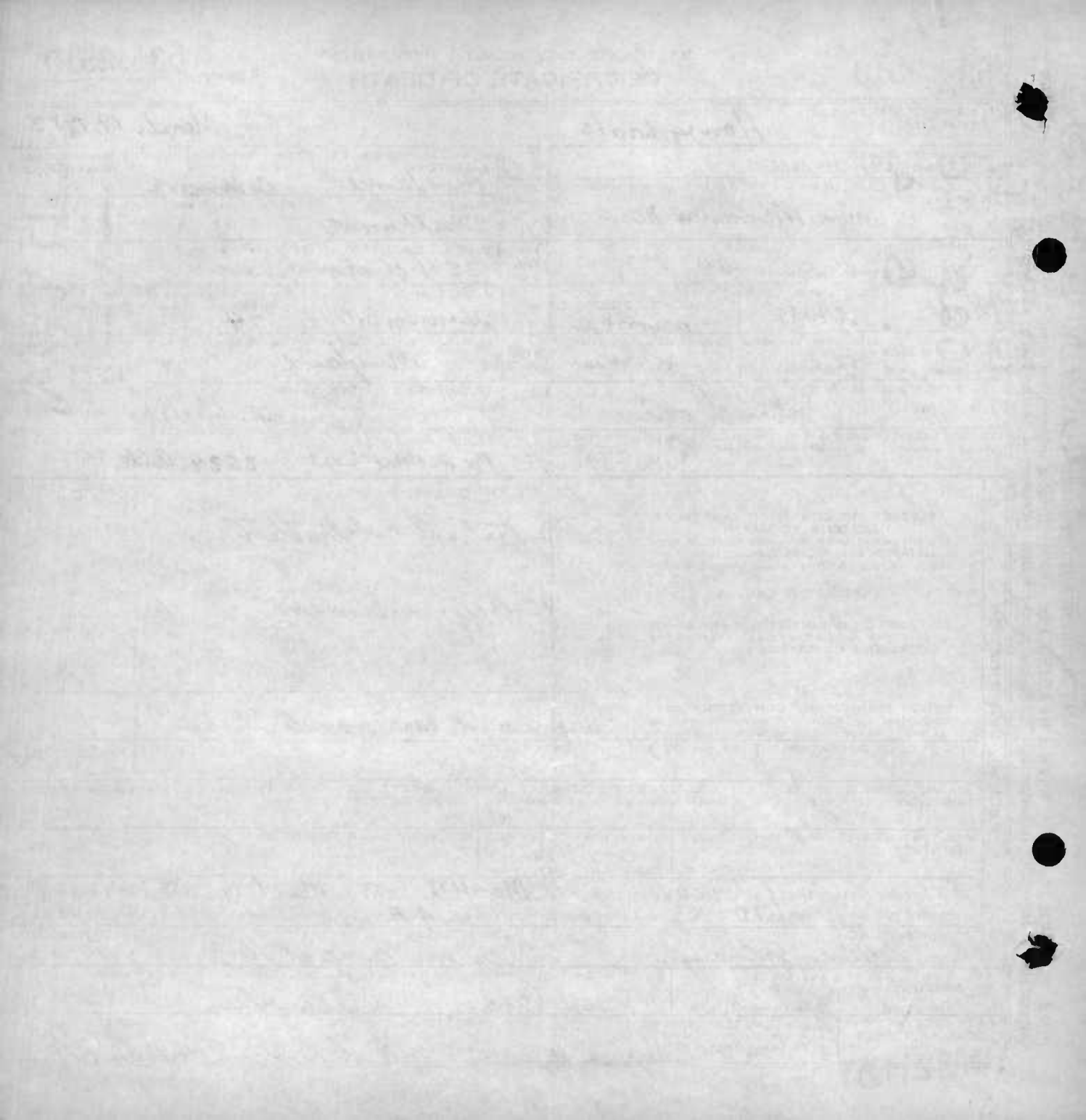
24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **March 23, 53** 24C. NAME OF CEMETERY OR CREMATORY **Druid Ridge** 24D. LOCATION (City, town, or county) (State) **Pikesville Md.**

DATE RECEIVED BY LOCAL REGISTRAR **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **Frank H. Seitz** ADDRESS **814 7136 St**

WAR 21 1953 **VS 150** **76340**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. Physicians: please write the causes of death clearly and legibly. correct age especially important.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2911BIRTH NO. 53 29111. NAME OF DECEASED
(Type or Print)Franklin Ira Talbott.2. DATE
OF DEATH March 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE Maryland B. COUNTY before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Lutheran Hospital.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

3538 Hickory Ave

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 12, 1895

9. AGE (in years last birthday)

57H Under 1 Year
Months DaysH Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired machinist

10B. KIND OF BUSINESS OR INDUSTRY

Hooper's Mills

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John Talbott

14. MOTHER'S MAIDEN NAME

Mary Green.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Charlotte H. Talbott. 3538 Hickory Ave18. 502.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Chc BronchitisEmphysemaCor Pulmonale

(B)

DUE TO

Cong. Heart failure

(C)

INTERVAL BETWEEN ONSET AND DEATH
1-2 years
1-2 years
1-2 years
4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1950, to March 20, 1953 that I last saw the deceased alive on 3/20, 1953, and that death occurred at 1 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BurialMarch 23/53MeadowridgeWash Blvd. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Mar 21 1953Thurston W. Williams, Jr.Justin E. Donovan3818 Roland Ave.

VS 150

5444E

Memorandum for the Attorney General

Subject: [Illegible]

Reference: [Illegible]

Enclosed for the Department are

three copies of a letterhead memorandum

dated and captioned as above.

Very respectfully,
[Illegible Signature]

Enclosed for the Department are

three copies of a letterhead memorandum

dated and captioned as above.

Very respectfully,
[Illegible Signature]

Very respectfully,
[Illegible Signature]

600
53 2912BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2912

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Grace Carey

2. DATE
OF
DEATH Mar. 20 - 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Md. Balto. 14-03B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

2316 Division St

D. STREET ADDRESS (If rural, give location)

2316 Division St

c. Length of stay in Baltimore

2 Yrs

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

m

8. DATE OF BIRTH

Aug. 28 - 1920

9. AGE (in years
last birthday)

32

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Rehoboth Beach Va. U.S.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lloyd F. Mitchell

14. MOTHER'S MAIDEN NAME

Mary Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Edith Hawkins - 1224 Mculloch St

18. 176x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Carcinoma of the vulva 19 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

and adnexa

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1951, to Mar 1953 that I last saw the
deceased alive on Mar 20, 1953 and that death occurred at 9:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

See Edith Hawkins

M.D.

23B. ADDRESS

1223 Pine Oak Dr

23C. DATE SIGNED

3-21-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-23-53

24C. NAME OF CEMETERY OR CREMATORY

Mitchell's Estate

24D. LOCATION (City, town, or county)

Rehoboth Beach Va.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 22 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Samuel W. Sullivan Jr

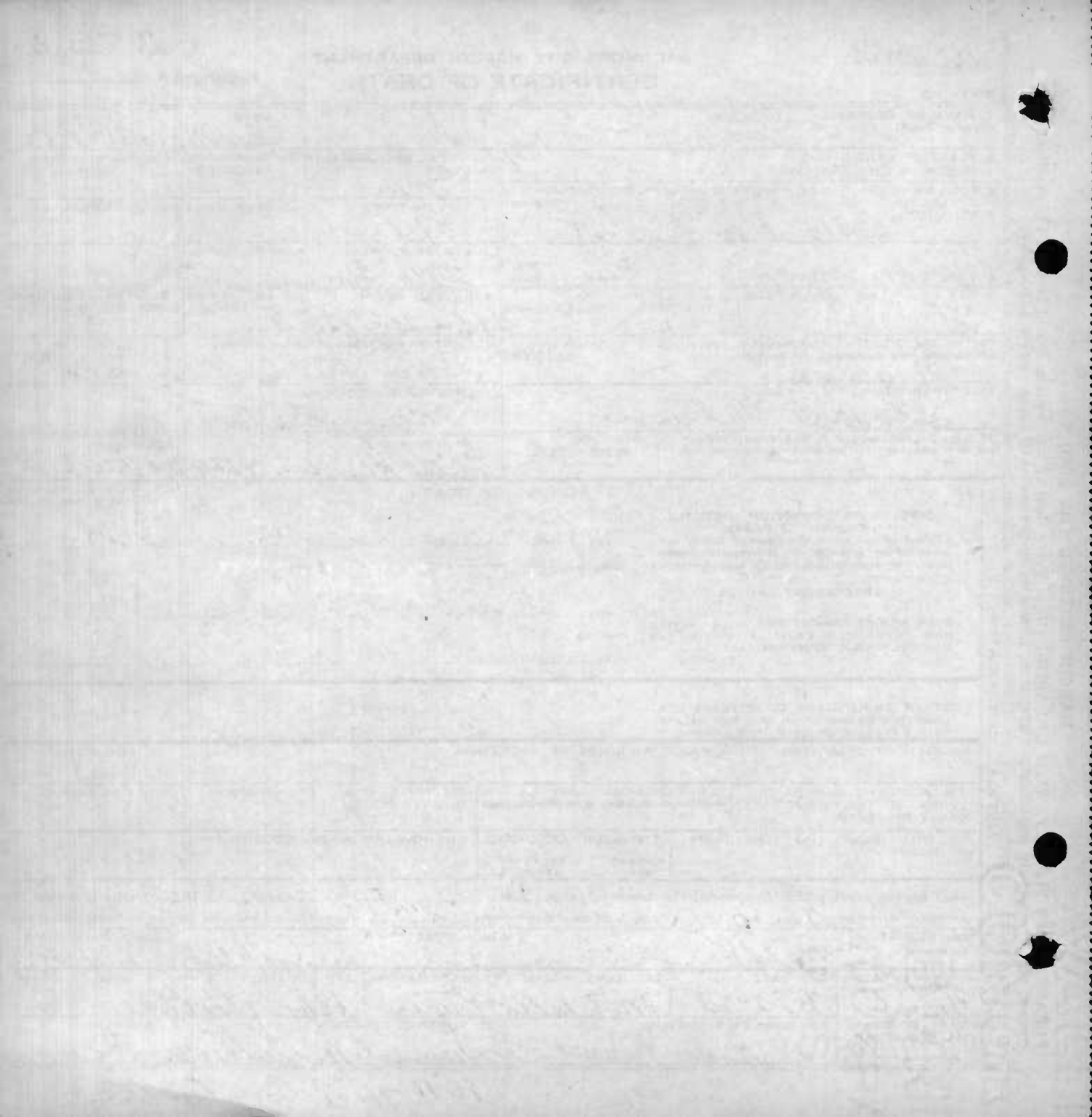
ADDRESS

1011 N. Arlington Ave

VS 150

MARGIN RESERVED FOR BINDING

PLEASE TYPE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rev. Hubert Vlasselaer

2. DATE
OF
DEATH

3-21-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

6420 Reisterstown Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Washington, D.C.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

The Seton Institute

C. CITY OR TOWN

Washington, D.C.

D. STREET ADDRESS (If rural, give location)

Sacred Heart Seminary-4900-10th St. N.E. W.D.C.

c. Length of stay in Baltimore

3yrs.-5mo.-3days

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

8-10-04

9. AGE (In years

last birthday)

48

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Catholic Priest

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Belgium, Europe

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Adolph Vlasselaer

14. MOTHER'S MAIDEN NAME

Maria Veronica Thys

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATH

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Schizophrenia, Paranoid

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES

NO

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~April 10, 1949~~ to 3/21, 1953 that I last saw the
deceased alive on 3/21, 1953, and that death occurred at 9:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Samuel P. Alario M.D.

23B. ADDRESS

3326 Frederick

23C. DATE SIGNED

3/24/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

3-21-53

24C. NAME OF CEMETERY OR CREMATORY

Providence, Rhode Island

24D. LOCATION (City, town, or county)

Providence, Rhode Island

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington, Virginia, Md.

25. FUNERAL DIRECTOR

W.W. Chambers

ADDRESS

Hatch, D.C.

2

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2914

53 2914

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Albert Maier

2. DATE
OF
DEATH

March 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2027 N. Calvert St

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

Baltimore 12-04

D. STREET ADDRESS (If rural, give location)

2027 N. Calvert St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

Dec 27-1892

9. AGE (in years
last birthday)

55

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Plumber

10B. KIND OF BUSINESS OR
INDUSTRY

Bldg. Trades.

11. BIRTHPLACE (State or foreign country)

N.Y.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Albert Maier

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

089-03-0520- George Maier N.Y.C.

17. INFORMANT

ADDRESS

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral hemorrhage with complete
right hemiplegia

37 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardiovascular Renal
disease

1 year

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 19, 1953, to March 21, 1953, that I last saw the
deceased alive on March 21, 1953, and that death occurred at 9:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

E. Alessi

23B. ADDRESS

6217 Harford Rd

23C. DATE SIGNED

3/21/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

3/21/53

24C. NAME OF CEMETERY OR CREMATORY

Lutheran Cem.

24D. LOCATION (City, town, or county)

Long Island N.Y.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm. Cook Inc Baltimore

ADDRESS

1900-1901

1902-1903

1904-1905

1906-1907

1908-1909

1910-1911

1912-1913

1914-1915

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ella Coleman

2. DATE
OF
DEATH

3-10-53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEBaltimore City Hospitals
4940 Eastern Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE

Maryland

b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

Baltimore City Hospitals, 4940 Eastern Ave

c. Length of stay in Baltimore

14yrs?

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 1-1885?

9. AGE (in years
last birthday)

67?

If Under 1 Year
Months: Days Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Washington, D.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert Jackson

(D)

14. MOTHER'S MAIDEN NAME

Frances

(D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

Records: Baltimore City Hospitals
4940 Eastern Ave.

ADDRESS

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO

2 wks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriolosclerotic Heart Disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-2-1938, to 3-10-1953, that I last saw the deceased alive on 3-10-1953 and that death occurred at 3:15A m., from the causes and on the date stated above.

23a. SIGNATURE

H. J. Williams

23b. ADDRESS

M. O. 4940 Eastern Ave., Baltimore, Md.

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

JOHN HUPKINS MEDICAL SCHOOL MAR 17 1953

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

UNITED STATES DEPARTMENT OF HEALTH
CENTRAL BUREAU OF VITALS

THE FOLLOWING

WAS RECEIVED

FROM

THE STATE OF NEW YORK
COUNTY OF NEW YORK

ON THE 10TH DAY OF JANUARY

1900

AT NEW YORK

IN WITNESS WHEREOF

THE REGISTRAR OF VITALS

HAS HEREIN SIGNED

THE CERTIFICATE

OF DEATH
AND
THE
STATE OF NEW YORK
COUNTY OF NEW YORK
ON THE 10TH DAY OF JANUARY
1900
AT NEW YORK

IN WITNESS WHEREOF

THE REGISTRAR OF VITALS
HAS HEREIN SIGNED
THE CERTIFICATE

OF DEATH
AND
THE
STATE OF NEW YORK
COUNTY OF NEW YORK
ON THE 10TH DAY OF JANUARY
1900
AT NEW YORK

IN WITNESS WHEREOF

THE REGISTRAR OF VITALS

HAS HEREIN SIGNED

THE CERTIFICATE

AB-125992

53 2916

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2916

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Joseph Ben

2. DATE
OF DEATH March 10-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

26-12

D. STREET ADDRESS (If rural, give location)

Baltimore City Hospitals, 4940 Eastern Ave.

C. Length of stay in Baltimore

41 yrs.

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

Aug. 10-1889

9. AGE (In years
last birthday)

63

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Czechoslovakia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frank Ben

14. MOTHER'S MAIDEN NAME

Anna Mrkuicka

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMATION FROM
Records: Baltimore City Hospitals
4940 Eastern Ave.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Intercranial Hemorrhage

DUE TO

2 wks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Aspiration Pneumonia

DUE TO

2 wks.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-11-1949, to 3-10-1953 that I last saw the
deceased alive on 3-10-1953, and that death occurred at 11 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Huntington Williams, M.D.

23B. ADDRESS

M. D. 4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL MAR 17 1953

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE OF NEW YORK
COUNTY OF NEW YORK
CITY OF NEW YORK
I, the undersigned, being a duly qualified and sworn health officer, do hereby certify that the within and foregoing is a true and correct copy of the original record of the death of the person named therein, as the same appears from the records of the Bureau of Vital Statistics of the City and County of New York, and State of New York, for the year ending December 31, 1910.

DEATH OF DEATH

NAME OF DECEASED
AGE
SEX
RACE
DATE OF DEATH
PLACE OF DEATH
CAUSE OF DEATH
MANNER OF DEATH
OCCUPATION
EDUCATION
RELIGION
MARRIAGE
SINGLE
MARRIED
WIDOWED
DIVORCED
RE-MARRIED
OTHER

MAT 107280

53 2917

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2917
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry Lewis

2. DATE
OF DEATH Mar. 7, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Baltimore City Hospitals

4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Balto. City Hospitals, 4940 Eastern Ave.

c. Length of stay in Baltimore

45 yrs.

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

Mar. 16, 1867

9. AGE (In years
last birthday)

85

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lindsay

14. MOTHER'S MAIDEN NAME

Lelia Jolson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Records: Balto. City Hospitals
4940 Eastern Ave.

ADDRESS

18. 334X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Generalized Arteriosclerosis

DUE TO

ANTECEDENT CAUSES

(B)

Cerebral Degeneration

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-3, 1947, to 3-7, 1953, that I last saw the
deceased alive on 3-7, 1953, and that death occurred at 6 p m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Williams

23B. ADDRESS

M. D.

4940 Eastern Ave., Balto., Md.

23C. DATE SIGNED

3-7-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL MAR 17 1953

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

MINISTRY OF HEALTH DEPARTMENT
CERTIFICATE OF DEATH

- 20. 10. 1950

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-460
53 2918BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2918

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALBERT

MILLER

2. DATE
OF
DEATH

March 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

4032 Park Heights Ave.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

4032 Park Heights Avenue

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9. AGE (in years;
last birthday)

39

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Civil Service

11. BIRTH PLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Morris

14. MOTHER'S MAIDEN NAME

Fannie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Fannie Miller

same

18. E970.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Barbiturate poisoning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (a.g., in or
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

4032 Park Heights Avenue

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY
Found 3/20/53

A. m.

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Ingested barbiturate

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

Russell S Fisher

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
March 20, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-22-53

24C. NAME OF CEMETERY OR CREMATORY

Herrington Hill

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 22 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Black Lewis

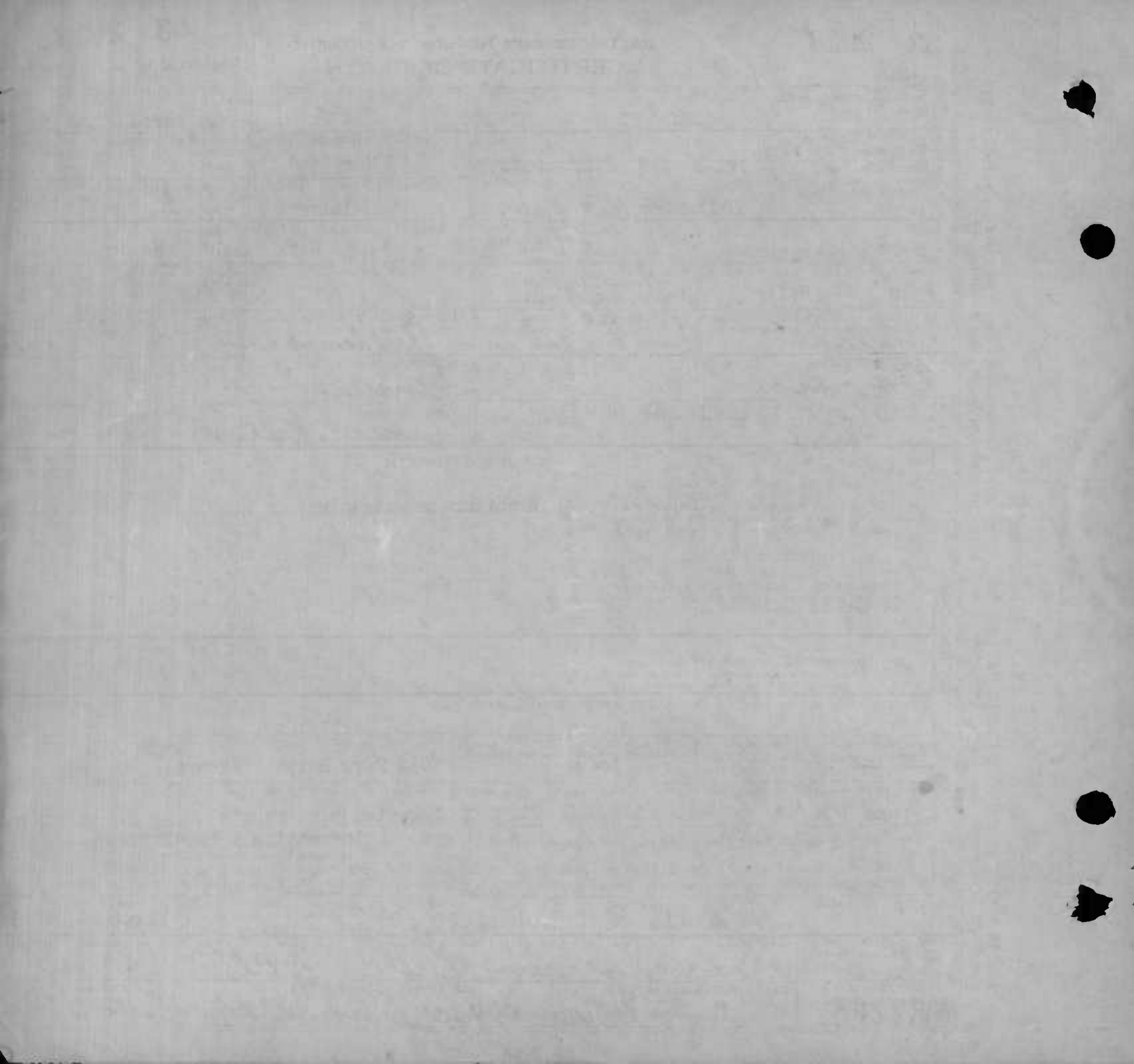
ADDRESS

2100 Eutan Rd

VS 151

N971.0

39093



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-416.
53 2919
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 2919
Registered No. _____

1. NAME OF DECEASED (Type or Print) MAX ALPERSTEIN		2. DATE OF DEATH MAR. 20, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION 3504 TRAINOR RD.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 27-19	
6. Length of stay in Baltimore 50		D. STREET ADDRESS (If rural, give location) 3504 TRAINOR RD	
7. SEX MALE	8. COLOR OR RACE WHITE	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	10. DATE OF BIRTH 73
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT		12. KIND OF BUSINESS OR INDUSTRY DEPARTMENT STORE	
13. FATHER'S NAME REUBEN		14. MOTHER'S MAIDEN NAME LIBBY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT FANNIE ALPERSTEIN -		ADDRESS SAME	
18. 332X and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Wrenia - Cora DUE TO (B) Cerebral Thrombosis DUE TO (C) Hypertension - Atherosclerosis INTERVAL BETWEEN ONSET AND DEATH 6 yrs			
19. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetic Mellitus			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1946 to 3/20 , 19 53 that I last saw the deceased alive on 3/20 , 19 53 , and that death occurred at 5:15 P.m. , from the causes and on the date stated above.			
23A. SIGNATURE E. J. [Signature]		23B. ADDRESS 3210 [Address]	
23C. DATE SIGNED 3/21/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE MAR. 22, 1953	
24C. NAME OF CEMETERY OR CREMATORY ROSEDALE		24D. LOCATION (City, town, or county) (State) BALTO. MD.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 22 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
FUNERAL DIRECTOR Jack Lewis Inc - 2100 Eutaw Pl		ADDRESS 2906C	

STATE OF NEW YORK
CERTIFICATE OF DEATH

19

CAUSE OF DEATH

HEART DISEASE

HEART DISEASE

HEART DISEASE

HEART DISEASE

HEART DISEASE

HEART DISEASE

HEART DISEASE

HEART DISEASE

HEART DISEASE

HEART DISEASE

HEART DISEASE

HEART DISEASE

HEART DISEASE

HEART DISEASE

HEART DISEASE

HEART DISEASE

HEART DISEASE

HEART DISEASE

HEART DISEASE

HEART DISEASE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2920

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MORRIS COLODNY

2. DATE
OF
DEATH

J-20-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1000 W. Lexington St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 18-05

D. STREET ADDRESS (If rural, give location)

1000 W. Lexington St

c. Length of stay in Baltimore

Yrs. 52
Moss Days

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (If years
last birthday)

76

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR
INDUSTRY

Builder

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Aaron

14. MOTHER'S MAIDEN NAME

Minnie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Esther Colodny - same

18. 592X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CAUSE OF DEATH

Anemia
chronic nephritis.INTERVAL BETWEEN
ONSET AND DEATH3 days
approx.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1952 to 3-20, 1953, that I last saw the
deceased alive on 3-20, 1953, and that death occurred at 7:54 m., from the causes and on the date stated above.

23A. SIGNATURE

Dorothy Schmitt

23B. ADDRESS

5323 Fairview Rd

23C. DATE SIGNED

3-20-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3-22-53

24C. NAME OF CEMETERY OR CREMATORY

Mt Carmel

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr

25. FUNERAL DIRECTOR

Jack Levine 2100 Canton Pl

schuff
4023
Fallstaff Rd

10.10
10.10

10.10
10.10

10.10
10.10

10.10
10.10

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret Murr

2. DATE
OF DEATH March 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3701 Second St.,

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3701 Second St.,

C. Length of stay in Baltimore

55- Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 3, 1898

9. AGE (In years
last birthday)

55

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House-wife

10B. KIND OF BUSINESS OR
INDUSTRY

--

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John McNamara

14. MOTHER'S MAIDEN NAME

Mary Ann Houston

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mr. Frank Murr 3701 Second St.,

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cancer Breast

1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1, 1953, to Mar 20, 1953, that I last saw the
deceased alive on Mar 20, 1953, and that death occurred at 8:35 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J Mendelis

23B. ADDRESS

651 N Bentalon St

23C. DATE SIGNED

3/21/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-23-1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county)

Brooklyn,

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.,

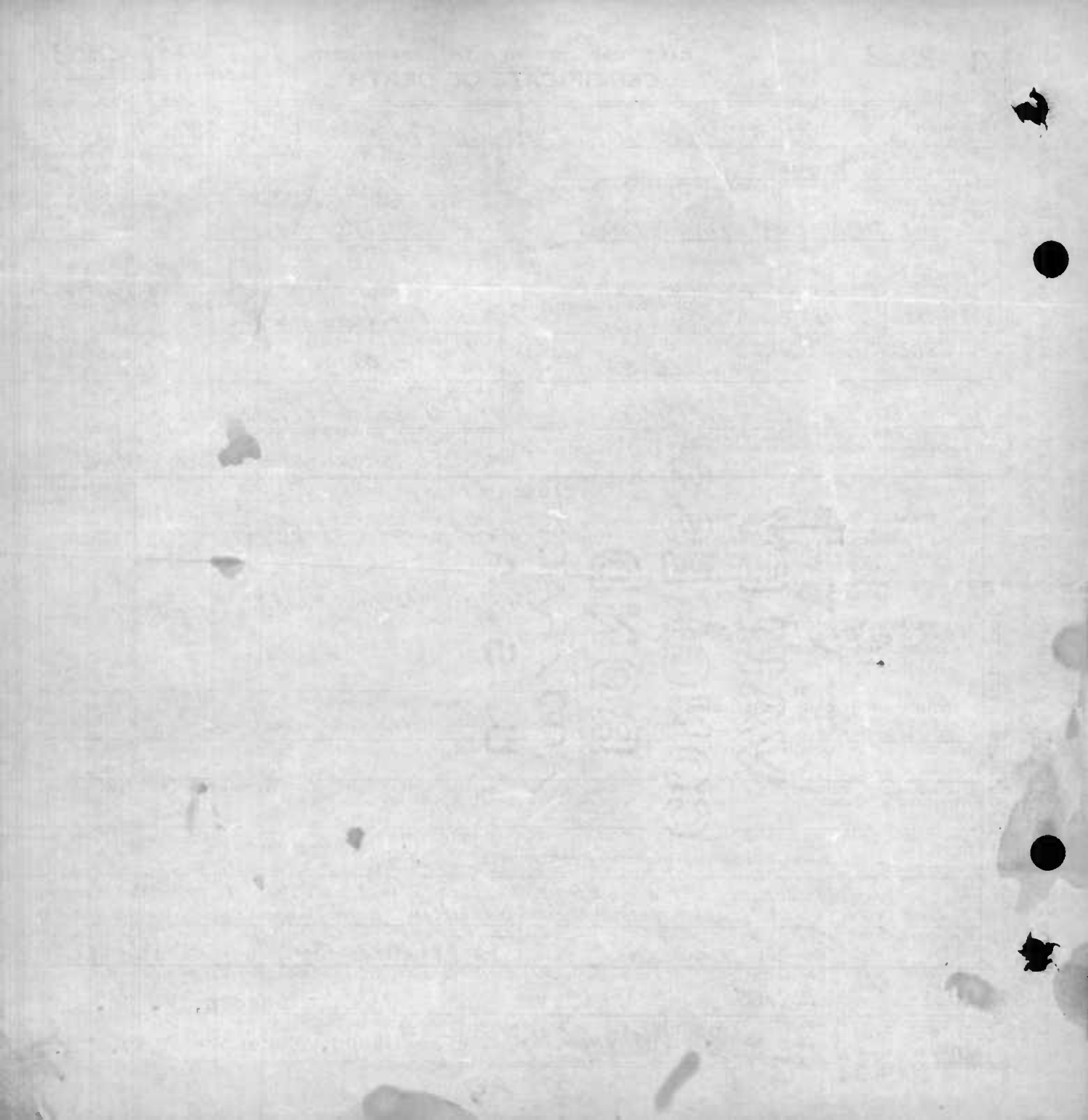
Dr Christopher J. Mendelsohn
651 N. Bentall St. Ed 3517

53 2922

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2922
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) MR. CLARENCE WILLIAM BUNTING			2. DATE OF DEATH MARCH 21, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY SOMERSET			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) POCOMOKE CITY		
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL			D. STREET ADDRESS (If rural, give location) 6900					
c. Length of stay in Baltimore Yrs. Mos. Days			5. SEX MALE			6. COLOR OR RACE WHITE		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED			8. DATE OF BIRTH AUGUST 2, 1886			9. AGE (In years last birthday) 66		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY BICYCLE REPAIR SHOP			11. BIRTHPLACE (State or foreign country) MARYLAND		
12. CITIZEN OF WHAT COUNTRY? U.S. A.			13. FATHER'S NAME MR. SIDNEY L. BUNTING			14. MOTHER'S MAIDEN NAME MARY D. BRITTINGHAM		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT MRS. DELUIS VIRGINIA BUNTING (WIFE)		
18. 420.0 and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) myocardial infarction DUE TO arteriosclerotic heart disease DUE TO diabetes mellitus			CAUSE OF DEATH (WIFE)			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from MARCH 15, 1953 , to MARCH 21, 1953 , that I last saw the deceased alive on MARCH 21, 1953 , and that death occurred at 1:15 P.m. , from the causes and on the date stated above.								
23A. SIGNATURE W. D. Vincent			23B. ADDRESS Union Memorial Hosp			23C. DATE SIGNED MARCH 21, 1953		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 3/24/53			24C. NAME OF CEMETERY OR CREMATORY Odd Fellows		
24D. LOCATION (City, town, or county) (State) Elks Garden, W. Va.			25. FUNERAL DIRECTOR Henry Watson, Pocomoke City, Md.			ADDRESS		
DATE RECEIVED BY LOCAL REGISTRAR MAR 23 1953			REGISTRAR'S SIGNATURE Huntington Williams, M.D.			VS 150		

29084



120
53 2923BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2923

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harry L. Davis

2. DATE
OF
DEATH

Mar 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Delaware V-07

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Milford

D. STREET ADDRESS (If rural, give location)

215 N. Walnut St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

10-10-1885

9. AGE (In years last birthday)

67

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Keelred Jentylg

10B. KIND OF BUSINESS OR INDUSTRY

Salesman

11. BIRTHPLACE (State or foreign country)

Milford Me

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Harry Davis

14. MOTHER'S MAIDEN NAME

Georgina Abel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

None None

16. SOCIAL SECURITY NO.

None

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 022X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

RUPTURED AORTIC ANEURISM

6 YRS.

DUE TO

ANTECEDENT CAUSES

(B)

SYPHILIS

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

VALVULAR
AORTIC INSUFFICIENCY

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-19, 1953, to 3-21, 1953, that I last saw the deceased alive on 3-21, 1953, and that death occurred at 5:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Carlton L. Lyster

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3-21-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Buried

24B. DATE

3/25/53

24C. NAME OF CEMETERY OR CREMATORY

Edw Falcone

24D. LOCATION (City, town, or county)

Milford Me

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 23 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm A. Berry Jr.

ADDRESS

Milford Me

BALTIMORE, MARYLAND
FEBRUARY 11, 1942

JOHN J. HENNING, JR., 101 G. W. 11-113

212-1111

JOHN J. HENNING, JR.
101 G. W. 11-113

1
7

101 G. W. 11-113

101 G. W. 11-113

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2984

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) RUTH CROSSON			2. DATE OF DEATH March 19, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Pravident Hosp.			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE _____ B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION Pravident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 16-02		
c. Length of stay in Baltimore 39 yrs			D. STREET ADDRESS (If rural, give location)		
5. SEX Female	6. COLOR OR RACE ed	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 8-12-1898		9. AGE (In years last birthday) 54
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Brunswick, Cozy, Va		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME James Macky			14. MOTHER'S MAIDEN NAME Maria		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Hospital Record		

18. 140X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 6 hrs.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Carcinoma of lower lip		
DUE TO		(B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		
(C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Dec. 12**, 19**52**, to **March 19**, 19**53**, that I last saw the deceased alive on **March 19**, 19**53**, and that death occurred at **2:45 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE J. K. Williams		23B. ADDRESS 1222 W. Caroline St		23C. DATE SIGNED 3-20-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Mar 23/53	24C. NAME OF CEMETERY OR CREMATORY Arbutus Memorial Park	24D. LOCATION (City, town, or county) (State) Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR MAR 23 1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS P. Brooks Ruggold 1463 N. Carey St		

Journal of the

Journal of the
1880-1881

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2925
Registered No. 53 2925

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWARD D. ELY

2. DATE
OF
DEATH March 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1240 N. Washington St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1240 N. Washington St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Feb. 5, 1888

9. AGE (In years
last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Warehouse foreman

10B. KIND OF BUSINESS OR
INDUSTRY

Construction

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles C. Ely

14. MOTHER'S MAIDEN NAME

Catherine Volland

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Edward A. Ely 1405 Midvale Ave.

1B. 422.1 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Chronic Myocarditis
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerotic Cardio-
vascular Disease
DUE TO(C) Lobar pneumonia
x days

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 17, 1953, to March 20, 1953, that I last saw the
deceased alive on Mar 20, 1953, and that death occurred at 3 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

Mar. 24, 1953

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

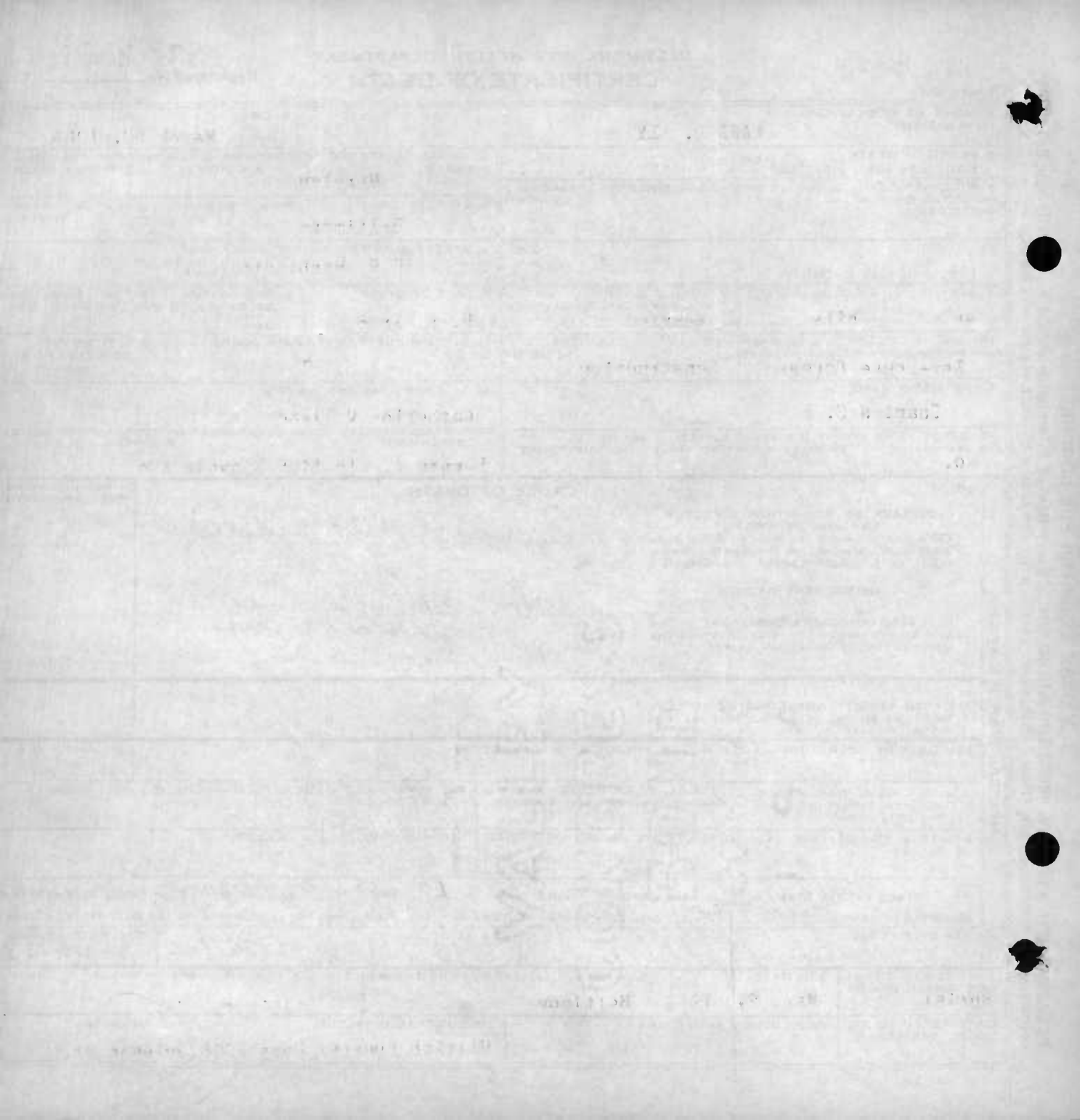
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 23 1953 Huntingdon Fullrich Funeral Home 2008 Orleans St.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2926
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

AMMON C. NEFF

2. DATE
OF
DEATH March 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

1105 E. Fayette St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

8136 Gough St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec. 20, 1887

9. AGE (In years
last birthday)

75

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Steel worker-ret.

10B. KIND OF BUSINESS OR
INDUSTRY

Bethlehem Steel Co.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Isaac Neff

14. MOTHER'S MAIDEN NAME

Henrietta Mc Allister

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS Pa.

Cephas Wil is 17 S. High St. Mechanicsburg

1B. 181X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

8/4/52
12/29/52

19B. MAJOR FINDINGS OF OPERATION

Primary hyperparathyroidism + infiltrating carcinoma of bladder

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g. in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/4, 1952, to 3/20, 1953, that I last saw the
deceased alive on 3/20/53, 1953, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Louis H. Tanker

M. D.

23B. ADDRESS

1701 Center Rd. Baltimore

23C. DATE SIGNED

3/24/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 24, 1953

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memo Park.

24D. LOCATION (City, town, or county)

Parkville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Ullrich Funeral Home 2112 Dundalk Ave.

UNITED STATES OF AMERICA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
BUREAU OF REVENUE
OFFICE OF THE COMMISSIONER

CERTIFICATE OF DEATH

IN THE DISTRICT OF COLUMBIA

FILE NO. _____

DATE OF DEATH _____

PLACE OF DEATH _____

CAUSE OF DEATH _____

MANNER OF DEATH _____

AGE AT DEATH _____

SEX _____

RACE _____

EDUCATION _____

OCCUPATION _____

RELIGION _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

DATE OF ENTRY _____

REASON FOR ENTRY _____

DATE OF DEPARTURE _____

REASON FOR DEPARTURE _____

DATE OF RETURN _____

REASON FOR RETURN _____

DATE OF DEATH _____

PLACE OF DEATH _____

CAUSE OF DEATH _____

MANNER OF DEATH _____

AGE AT DEATH _____

SEX _____

RACE _____

EDUCATION _____

OCCUPATION _____

RELIGION _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

DATE OF ENTRY _____

REASON FOR ENTRY _____

DATE OF DEPARTURE _____

REASON FOR DEPARTURE _____

DATE OF RETURN _____

REASON FOR RETURN _____

DATE OF DEATH _____

PLACE OF DEATH _____

CAUSE OF DEATH _____

MANNER OF DEATH _____

53 2927

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2927
Registered No.

1. NAME OF DECEASED (Type or Print) Rosetta C. Goldstein			2. DATE OF DEATH 3-22-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-44		
c. Length of stay in Baltimore life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3420 Noble Street		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-2-1902	9. AGE (In years last birthday) 51	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY -		
11. BIRTHPLACE (State or foreign country) Baltimore			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME George Toboy			14. MOTHER'S MAIDEN NAME Minnie Hoffman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mr. Joseph Goldstein, husband			ADDRESS same		
18. 331X and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) cerebral vascular accident DUE TO (B) DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH 8 wks		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. diabetes mellitus					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-14 , 1953, to 3-22 , 1953, that I last saw the deceased alive on 3-22 , 1953, and that death occurred at 12 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE M. Dugan			23B. ADDRESS Union Memorial Hosp.		23C. DATE SIGNED 3/22/1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3-24-53	24C. NAME OF CEMETERY OR CREMATORY Herring Run	24D. LOCATION (City, town, or county) (State) Balto Md		
DATE RECEIVED BY LOCAL REGISTRAR MAR 23 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Jack Reinken ADDRESS 2100 Eutaw Pl	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2928

53 2928
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

James Williams

2. DATE
OF
DEATH

3/27/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3101 N. Cold Spring Lane

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

B. COUNTY Md. Balto

5. FULL NAME OF HOSPITAL OR INSTITUTION

60 Bar-Wil-Bar. Conv. Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Towson

D. STREET ADDRESS (If rural, give location)

134 Chesapeake Ave

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

S.

8. DATE OF BIRTH

Sept. 8-1895

9. AGE (in years last birthday)

57

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Porter

10B. KIND OF BUSINESS OR INDUSTRY

Barney Store

11. BIRTHPLACE (State or foreign country)

Towson-Md

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Samuel Williams (1)

14. MOTHER'S MAIDEN NAME

Margaret Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

Mr. M. L.

17. INFORMANT

Margaret Morris - 407 Van Ave

ADDRESS

18. 345X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Multiple Sclerosis

INTERVAL BETWEEN ONSET AND DEATH

25 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 22, 1953, to March 22, 1953, that I last saw the deceased alive on March 11, 1953, and that death occurred at 2:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J. R. Johnson

23B. ADDRESS

403 Med Arts Bldg

23C. DATE SIGNED

3-22-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-25-53

24C. NAME OF CEMETERY OR CREMATORY

Balto. National Cem

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 23 1953

REGISTRAR'S SIGNATURE

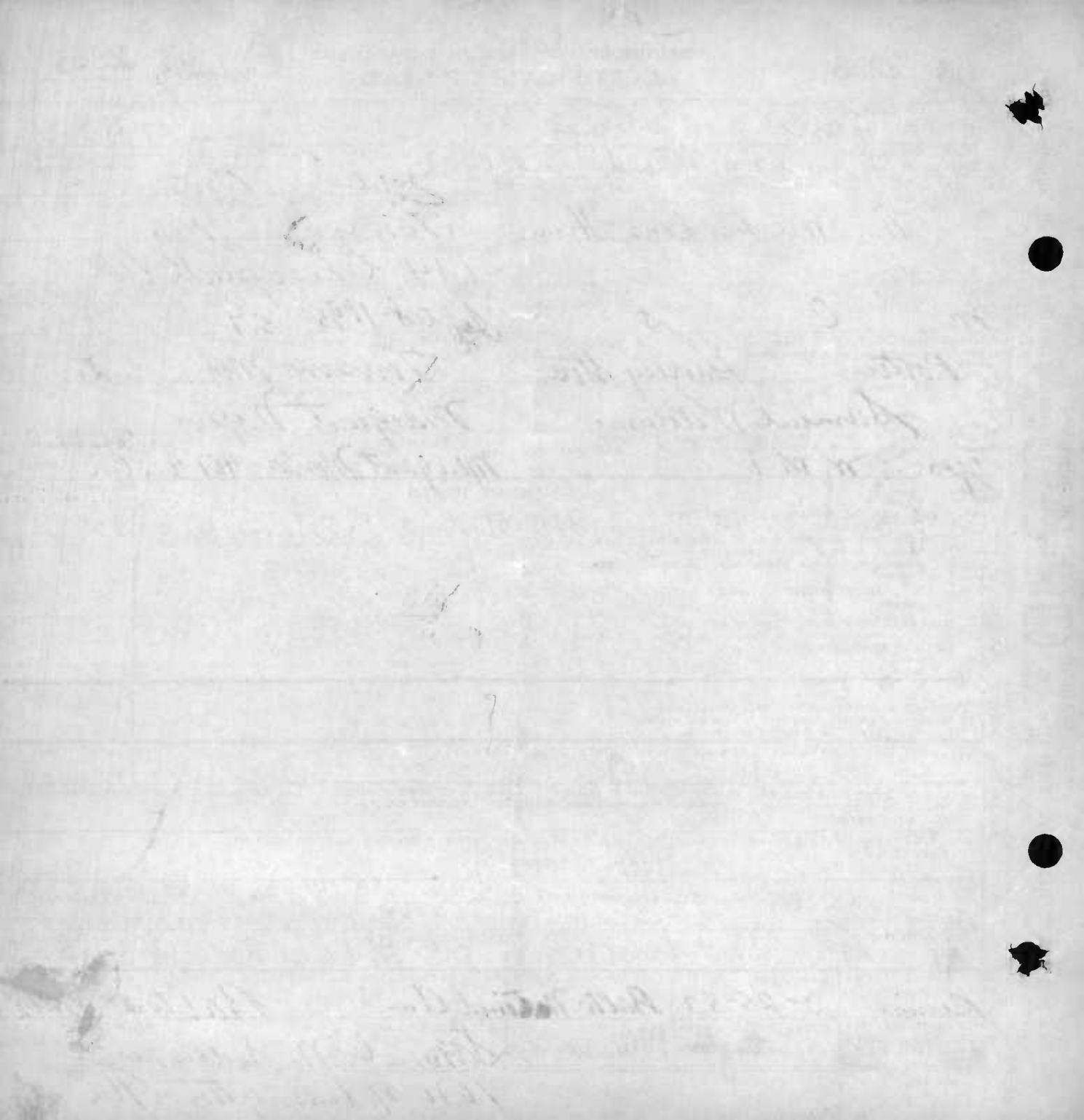
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Samuel W. Sullivan & Co.

ADDRESS

780 6A 1011 N. Arlington Ave



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 2929
Registered No. 53 2929

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jennie Campbell

2. DATE
OF
DEATH

March 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1322 E. Belvedere Ave

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1322 E. Belvedere Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

July 7, 1885

9. AGE (In years last birthday)

67 yrs

If Under 1 Year

Months

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Point Edward, Ontario

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Arbour

14. MOTHER'S MAIDEN NAME

Mary (unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.
none

17. INFORMANT

ADDRESS

Mr. Robert Haas, 1316 E. Belvedere Ave.

18.

451X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Dissecting aortic aneurysm

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arterial hypertension

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 18, 1953, to Mar 20, 1953, that I last saw the deceased alive on Mar 20, 1953, and that death occurred at 11:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Fredrick J. Volkmann

M. D.

23B. ADDRESS

6100 York Road

23C. DATE SIGNED

Mar 21, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

Mar. 23, 1953

24C. NAME OF CEMETERY OR CREMATORY

Morningside Cem.

24D. LOCATION (City, town, or county)

Syracuse, New York

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Tischer & Sons

ADDRESS

Baltimore

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 2930

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2930
Registered No.1. NAME OF DECEASED
(Type or Print)

JOAN WIENECKE

2. DATE
OF
DEATH

3/22/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

321 S Drew St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 26-05

D. STREET ADDRESS (If rural, give location)

321 S Drew St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 19/44

9. AGE (in years
last birthday)

9

10. Under 1 Year
Months: Days

10

11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTH PLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Shirley Wienecke

14. MOTHER'S MAIDEN NAME

Ida Cyzyca

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
Ida Wienecke 321 S Drew St

18. 353.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) STATUS Epilepticus

DUE TO

ANTECEDENT CAUSES

(B) Cerebral Palsy

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an INSPECTION thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
3-22-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

March 25/53

Holy Rosary

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 23 1953

Huntington Williams, M.D.

Fred W. Ozagowski

1930 Eastern Ave

MAF/126457

53 2931

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2931

1. NAME OF DECEASED
(Type or Print)

Alexander Simakowicz

2. DATE
OF
DEATH

Mar. 22, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONBaltimore City Hospitals
4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Baltimore

township)

D. STREET ADDRESS (If rural, give location)

Baltimore City Hospitals, 4940 Eastern Ave

c. Length of stay in Baltimore

38 yrs.

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 25, 1891

9. AGE (in years

last birthday)

61

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Paper Hanger

10B. KIND OF BUSINESS OR
INDUSTRY

Retired

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Ivan Simakowicz

14. MOTHER'S MAIDEN NAME

Magdalena

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

none

16. SOCIAL
SECURITY NO.

none

17. INFORMANT'S ADDRESS
Records: Balto. City Hospitals
4940 Eastern Ave.

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Pulmonary Tuberculosis with
Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-29 49, to 3-22 53, that I last saw the
deceased alive on 3-22 53, and that death occurred at 1:30p m., from the causes and on the date stated above.

23A. SIGNATURE

H. G. Williams

M. D.

23B. ADDRESS

4940 Eastern Ave., Balto. Md.

23C. DATE SIGNED

3-22-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/25/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Trinity

24D. LOCATION (City, town, or county)

Elkridge

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

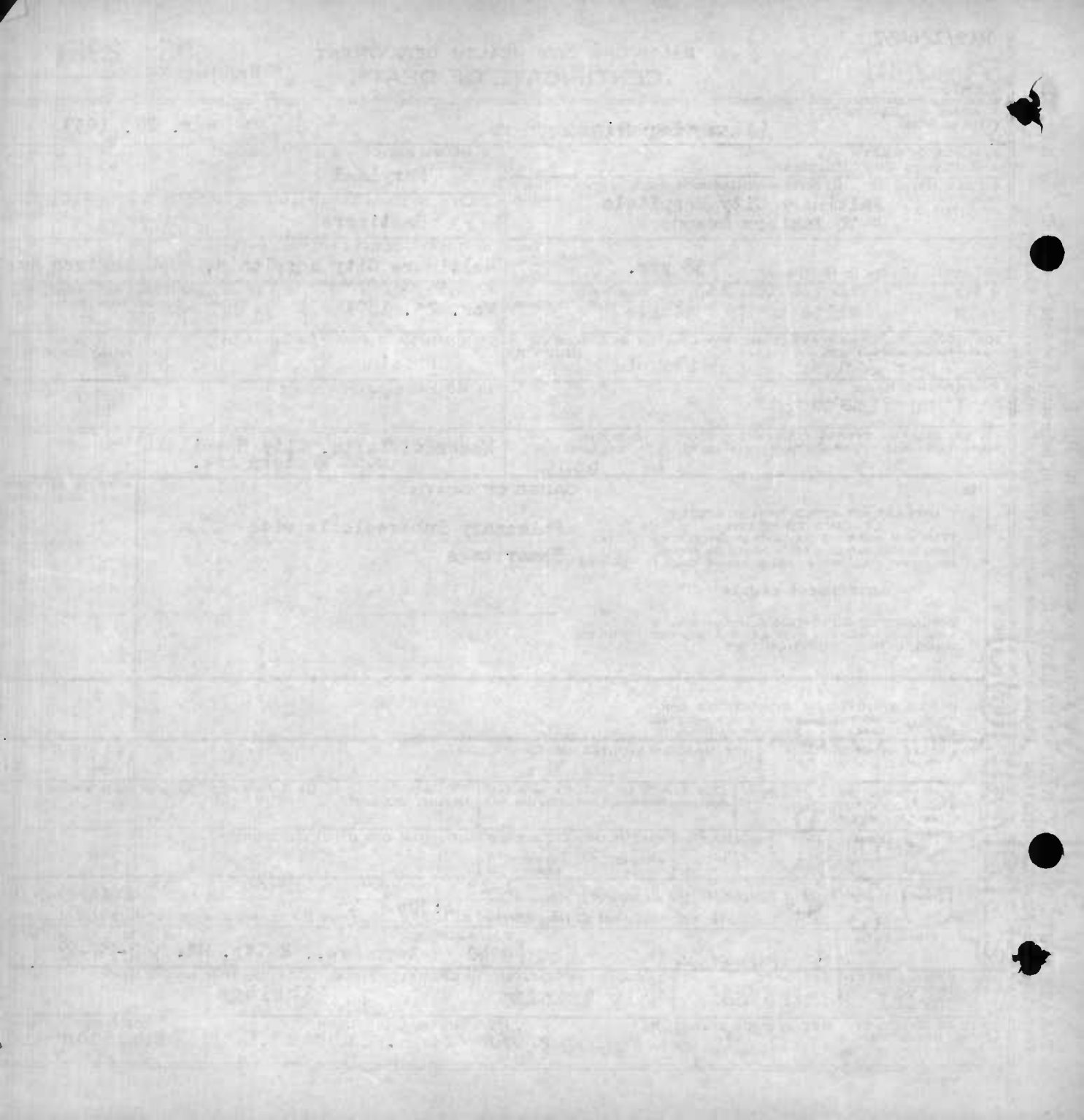
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Howard H. Hubbard, 2503 Edmondson Ave

ADDRESS



53 2932

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2932
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dora Boese

2. DATE
OF
DEATH

Mar. 21-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

2738 E. Balto. St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

2738 E. Balto. St.

c. Length of stay in Baltimore

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

June 3-1871

9. AGE (in years
last birthday)

81

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Adam Fleckenstein

14. MOTHER'S MAIDEN NAME

Elizabeth Holzner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Dorothy Boese 2738 E. Balto. St.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

3/21/53

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Chn. Myocarditis

1/1/50

(C) DUE TO

Hypertensive Cardiovascular

1/1/50

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21G. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Jan 1 1950, to Mar 21 1953 that I last saw the
deceased alive on 3/21/53 and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

William J. Beaman

23B. ADDRESS

801 W. Kenwood Ave.

23C. DATE SIGNED

3/23/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial
MAR 23 1953

Apr. 24-53

Holy Redeemer Soc. - Balto.

Balto.

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

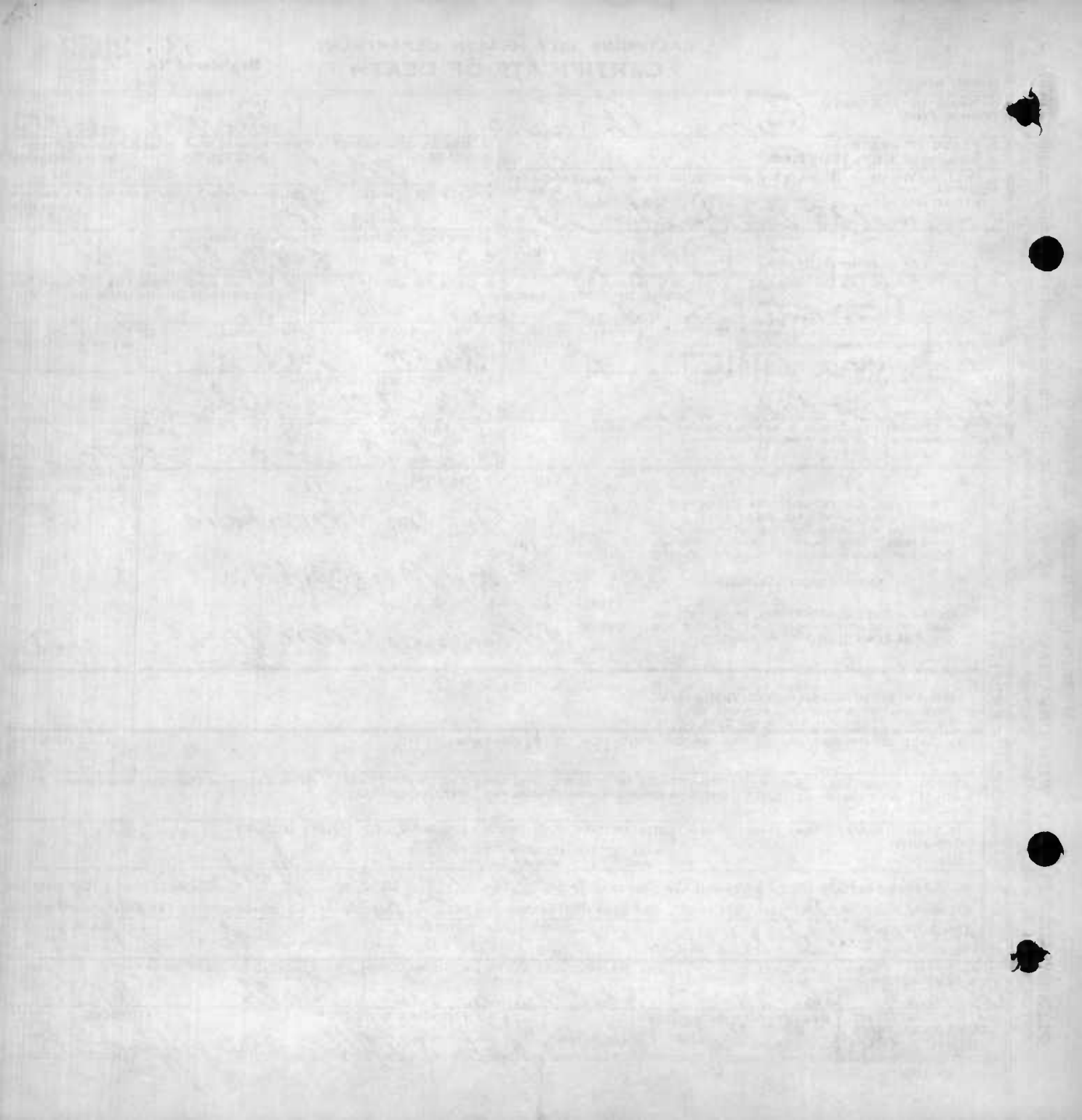
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John H. Miller 2334 Jefferson St.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2933

BIRTH NO. 53 2933

1. NAME OF DECEASED (Type or Print) JOSEPH T. RECKER			2. DATE OF DEATH MARCH 28, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY 21-01		
B. FULL NAME OF HOSPITAL OR INSTITUTION 734 W. CROSS ST.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
C. Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 734 W. CROSS ST.		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 19, 1879	9. AGE (In years last birthday) 73	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BAR TENDER			10B. KIND OF BUSINESS OR INDUSTRY OWN BUSINESS		
11. BIRTHPLACE (State or foreign country) MARYLAND			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME FRANCIS RECKER			14. MOTHER'S MAIDEN NAME ANNA LOWMAN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT MARGARET M. RECKER			ADDRESS 734 W. CROSS ST.		

MEDICAL CERTIFICATION

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Cornary Thrombosis DUE TO		INTERVAL BETWEEN ONSET AND DEATH 1 day.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Generalized arteriosclerosis DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3/6 , 19 53 to 3/22 , 19 53 , that I last saw the deceased alive on Feb 20, 1953 , and that death occurred at 9:50 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Quell Schell		23B. ADDRESS 1201 Cumpriss St.		23C. DATE SIGNED 3/23/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 3/25/1953	24C. NAME OF CEMETERY OR CREMATORY WOODEN PARK		24D. LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND	
DATE RECEIVED BY LOCAL REGISTRAR MAR 23 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Joseph T. Conner ADDRESS 1328 Sulphur Sp. Rd.	

2301 ANNAPOLIS RR

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

WASHINGTON, D. C.

OFFICE OF THE CHIEF OF BUREAU

WASHINGTON, D. C.

WASHINGTON, D. C.

WASHINGTON, D. C.

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WASHINGTON, D. C.

-42-0
MAF/168514

53 2934

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2934
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lillian Wells

2. DATE
OF
DEATH

Mar. 20, 1953

PLACE OF DEATH:
Baltimore City, MarylandFULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE
Baltimore City Hospitals
4940 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE
MarylandC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1712 Thomas Avenue

c. Length of stay in Baltimore

33 yrs.

5. SEX

F

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Nov. 22, 1908

9. AGE (In years
last birthday)

44

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H. Wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

usa

13. FATHER'S NAME

Robert Johnson

14. MOTHER'S MAIDEN NAME

Addie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

none

17. INFORMANT
Records: Balto. City Hospitals
4940 Eastern Ave.

18. 590X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Acute Glomerulo- nephritis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-9, 1953, to 3-20, 1953, that I last saw the
deceased alive on 3-20, 1953, and that death occurred at 2 A m., from the causes and on the date stated above.

23A. SIGNATURE

H. C. Johnson

23B. ADDRESS

M. D.

4940 Eastern Ave., Balto. Md.

23C. DATE SIGNED

3-20-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

3/23/53

24C. NAME OF CEMETERY OR CREMATORY

Downings,

24D. LOCATION (City, town, or county)

Downings, Va.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Geo. G. Kelson 1303 Presstman St.

Geo. G. Kelson

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Date of registration	
13. Name of informant		14. Address of informant		15. Signature of informant	
16. Name of registrar		17. Address of registrar		18. Signature of registrar	
19. Name of physician		20. Address of physician		21. Signature of physician	
22. Name of informant		23. Address of informant		24. Signature of informant	
25. Name of registrar		26. Address of registrar		27. Signature of registrar	
28. Name of physician		29. Address of physician		30. Signature of physician	
31. Name of informant		32. Address of informant		33. Signature of informant	
34. Name of registrar		35. Address of registrar		36. Signature of registrar	
37. Name of physician		38. Address of physician		39. Signature of physician	
40. Name of informant		41. Address of informant		42. Signature of informant	
43. Name of registrar		44. Address of registrar		45. Signature of registrar	
46. Name of physician		47. Address of physician		48. Signature of physician	
49. Name of informant		50. Address of informant		51. Signature of informant	
52. Name of registrar		53. Address of registrar		54. Signature of registrar	
55. Name of physician		56. Address of physician		57. Signature of physician	
58. Name of informant		59. Address of informant		60. Signature of informant	
61. Name of registrar		62. Address of registrar		63. Signature of registrar	
64. Name of physician		65. Address of physician		66. Signature of physician	
67. Name of informant		68. Address of informant		69. Signature of informant	
70. Name of registrar		71. Address of registrar		72. Signature of registrar	
73. Name of physician		74. Address of physician		75. Signature of physician	
76. Name of informant		77. Address of informant		78. Signature of informant	
79. Name of registrar		80. Address of registrar		81. Signature of registrar	
82. Name of physician		83. Address of physician		84. Signature of physician	
85. Name of informant		86. Address of informant		87. Signature of informant	
88. Name of registrar		89. Address of registrar		90. Signature of registrar	
91. Name of physician		92. Address of physician		93. Signature of physician	
94. Name of informant		95. Address of informant		96. Signature of informant	
97. Name of registrar		98. Address of registrar		99. Signature of registrar	
100. Name of physician		101. Address of physician		102. Signature of physician	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

53 2935

53 2935

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MRS. MARGARET A. ENSOR

2. DATE
OF
DEATH

3/20/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Mercy Hospital

Maryland

Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

19-04

D. STREET ADDRESS (If rural, give location)

309 S. Monroe St #23

c. Length of stay in Baltimore

68 Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

MARCH 13, 1884

9. AGE (In years last birthday)

69

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife - RET. PACKER

10B. KIND OF BUSINESS OR INDUSTRY

CROSS INDUSTRY
BLACKWELL

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

BRUNO SPATIL

14. MOTHER'S MAIDEN NAME

JOANNA

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

215-18-6345A

17. INFORMANT

ADDRESS

NOAH ENSOR, 309 S. MONROE ST.

18. 585X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Renal shut-down

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C) DUE TOPurulent cholangitis +
Hepato-renal disease
Pneumonia

4 mos

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3/10/53

19B. MAJOR FINDINGS OF OPERATION

Purulent cholangitis, liver cirrhosis

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/10, 1953 to 3/20, 1953, that I last saw the deceased alive on 3/20, 1953, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Ray James Fisher

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

3/20/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/24/53

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven

24D. LOCATION (City, town, or county)

Glenburnie

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Coolidge Inc 1217 St. Paul St

UNITED STATES DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of medical examiner		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of health officer		18. Signature of local health officer		19. Signature of local health officer		20. Signature of local health officer	
21. Signature of local health officer		22. Signature of local health officer		23. Signature of local health officer		24. Signature of local health officer	
25. Signature of local health officer		26. Signature of local health officer		27. Signature of local health officer		28. Signature of local health officer	
29. Signature of local health officer		30. Signature of local health officer		31. Signature of local health officer		32. Signature of local health officer	
33. Signature of local health officer		34. Signature of local health officer		35. Signature of local health officer		36. Signature of local health officer	
37. Signature of local health officer		38. Signature of local health officer		39. Signature of local health officer		40. Signature of local health officer	
41. Signature of local health officer		42. Signature of local health officer		43. Signature of local health officer		44. Signature of local health officer	
45. Signature of local health officer		46. Signature of local health officer		47. Signature of local health officer		48. Signature of local health officer	
49. Signature of local health officer		50. Signature of local health officer		51. Signature of local health officer		52. Signature of local health officer	
53. Signature of local health officer		54. Signature of local health officer		55. Signature of local health officer		56. Signature of local health officer	
57. Signature of local health officer		58. Signature of local health officer		59. Signature of local health officer		60. Signature of local health officer	
61. Signature of local health officer		62. Signature of local health officer		63. Signature of local health officer		64. Signature of local health officer	
65. Signature of local health officer		66. Signature of local health officer		67. Signature of local health officer		68. Signature of local health officer	
69. Signature of local health officer		70. Signature of local health officer		71. Signature of local health officer		72. Signature of local health officer	
73. Signature of local health officer		74. Signature of local health officer		75. Signature of local health officer		76. Signature of local health officer	
77. Signature of local health officer		78. Signature of local health officer		79. Signature of local health officer		80. Signature of local health officer	
81. Signature of local health officer		82. Signature of local health officer		83. Signature of local health officer		84. Signature of local health officer	
85. Signature of local health officer		86. Signature of local health officer		87. Signature of local health officer		88. Signature of local health officer	
89. Signature of local health officer		90. Signature of local health officer		91. Signature of local health officer		92. Signature of local health officer	
93. Signature of local health officer		94. Signature of local health officer		95. Signature of local health officer		96. Signature of local health officer	
97. Signature of local health officer		98. Signature of local health officer		99. Signature of local health officer		100. Signature of local health officer	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

53 2936

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2936

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LUCANDA M DUVAL

2. DATE
OF
DEATH

3-21-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

MARYLAND GENERAL Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

BALTIMORE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 26-01

D. STREET ADDRESS (If rural, give location)

5922 MARLBATH AVE

B. FULL NAME OF (If not in hospital or institution, give street address or location)

MARYLAND GENERAL Hospital

LIFE

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

7/27/1891

9. AGE (In years last birthday)

61

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

FRANKLIN R SHAW

14. MOTHER'S MAIDEN NAME

ELLA MANZUM

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Warren C. Duval Marlath Ave

18. 199.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CARCINOMATOSIS OF ABDOMEN

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2-15, 1953, to 3-21, 1953, that I last saw the deceased alive on 3-21, 1953, and that death occurred at 4:40 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Elias Rafferty

23B. ADDRESS

23C. DATE SIGNED

3-22-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/25/53

24C. NAME OF CEMETERY OR CREMATORY

Louisa Park

24D. LOCATION (City, town, or county)

Balt. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

ADDRESS

10th Cook Inc. 1217 St. Paul St.

CONFIDENTIAL
WIRE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct a especially important. Physicians: please write the causes of death clearly and legibly.

1190

MAR 16 1953

53 2937

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 2937

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nellie Lepper

2. DATE
OF
DEATH

Mar. 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

Maryland

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

Baltimore City Hospitals
4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

800 Drill Ct.

c. Length of stay in Baltimore

83 yrs.?

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb 1870

9. AGE (In years

last birthday)

83

If Under 1 Year

Months

If Under 24 Hours

Hours

10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Records: Balto. City Hospitals
4940 Eastern Ave.

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio Renal Disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-7, 1953, to 3-19, 1953, that I last saw the deceased alive on 3-19, 1953, and that death occurred at 4:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Lepper

23B. ADDRESS

4940 Eastern Ave., Balto. Md.

23C. DATE SIGNED

3-19-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

3/23/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel

24D. LOCATION (City, town, or county)

Balto Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

God Inc. 1217 St. Paul St

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

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53 2938

BALTIMORE CITY HEALTH DEPARTMENT

53 2938

Registered No.

BIRTH NO.

53-07926

John F

HATEM
CERTIFICATE OF DEATH1. NAME OF DECEASED
(Type or Print)

Baby boy Hatem

2. DATE
OF
DEATH

3/22/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hosp.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

3/21/53

9. AGE (In years last birthday)

If Under 1 Year

If Under 24 Hours

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ind.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Frederick Joseph Hatem

14. MOTHER'S MAIDEN NAME

William a Wheatley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

776X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

MEDICAL CERTIFICATION

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3/21, 1953 to 3/22, 1953, that I last saw the deceased alive on 3/22, 1953, and that death occurred at 9 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Transferred
4th on the 1st

Wm. H. Allen
10-1-1914

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2939
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Geroge Holmes

2. DATE
OF
DEATH

3/20/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

814 W. Franklin St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

814 W. Franklin Street

c. Length of stay in Baltimore

Years

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 25, 1894

9. AGE (In years

58

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Self-Employed

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Washington, D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

Hannah Holmes 814 W. Franklin St.

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

CARDIO VASCULAR DISEASE

1 Yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

CERE BRAIN HEMORRHAGE

16 DAYS

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAR 4, 1953, to MAR 20, 1953, that I last saw the deceased alive on MAR 19, 1953, and that death occurred at 9:30 Am., from the causes and on the date stated above.

23A. SIGNATURE

E. Williams Frey

M. D.

23B. ADDRESS

1928 Penna Ave

23C. DATE SIGNED

3/20/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/24/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cemetery Baltimore, Maryland

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Adolphus Halstead 918 Druid Hill Ave.

DEPARTMENT OF HEALTH
CENTRAL BUREAU OF VITALS

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53 2940

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2940
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANCIS E. SMITH

2. DATE
OF DEATH March 18, 19533. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 17-02D. STREET ADDRESS (If rural, give location)
1053 Pennsylvania Avenue

c. Length of stay in Baltimore

years

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widow

8. DATE OF BIRTH

?? 1904

9. AGE (In years last birthday)

48

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

unemployed

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Maryland12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Jack Alper - 1100 - Penna. Ave.

18. 581.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic alcoholism

ANTECEDENT CAUSES

(B) Fatty liver

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Smith

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒

23C. DATE SIGNED

March 18, 1953

M.D.

MEDICAL INVESTIGATOR

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

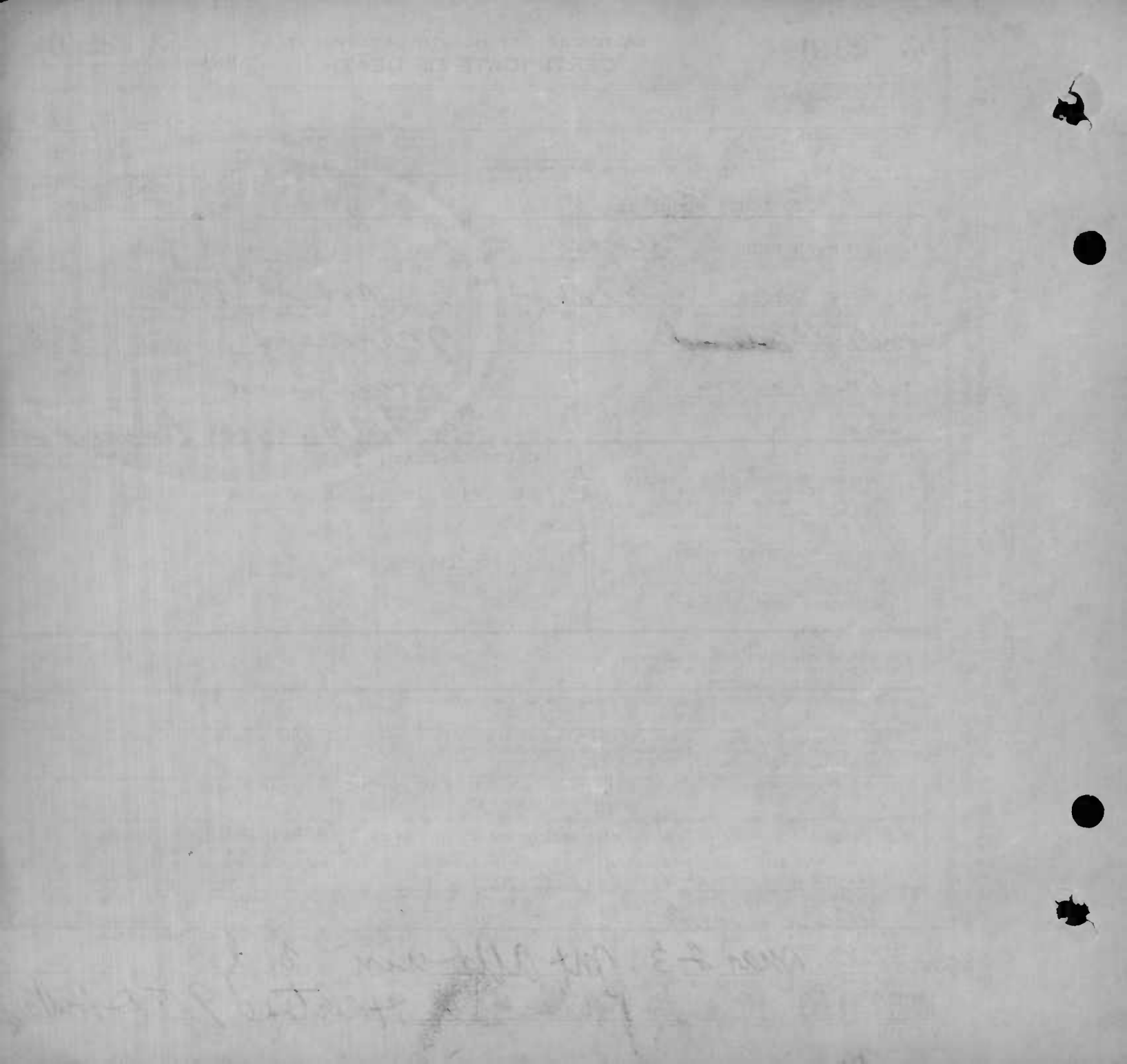
ADDRESS

MAR 23 1953

Huntington Williams, M.D.

A. Habstead

982 Halloway



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				53 2941		Registered No. 53 2941	
BIRTH NO.							
1. NAME OF DECEASED (Type or Print)				2. DATE OF DEATH			
(SAMUEL BALZANNA) SALVATORE BELZANNO				3/21/53			
3. PLACE OF DEATH:				4. USUAL RESIDENCE (Where deceased lived if institution; residence before admission)			
A. Baltimore City, Maryland 4306 Edgemoor Rd				A. STATE Maryland			
B. FULL NAME OF HOSPITAL OR INSTITUTION				B. COUNTY			
4306 Edgemoor Rd. Balto Md				Baltimore			
C. CITY OR TOWN				D. STREET ADDRESS (If rural, give location)			
				2529 Emerson St.			
c. Length of stay in Baltimore				E. STREET ADDRESS (If rural, give location)			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	10. Under 1 Year	11. Under 24 Hours	12. Under 24 Hours
male	white	widowed	Sept. 29-1884	68			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		
Handyman			Italy				
13. FATHER'S NAME			14. MOTHER'S MARRIED NAME				
Pasquale Belzanno			Caterina Cirillo				
15. WAS DECEASED EVER IN U.S. ARMY OR FORCES? (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS		
			218-03-2044		Samuel Belzanno 187 S. K. South St.		
18. 420.0				CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				(A) Hypertensive and Arterio-sclerotic Heart Disease			
ANTECEDENT CAUSES				(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				DUE TO			
				(C)			
II							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?		
					YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an _____ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER.....		23C. DATE SIGNED			
R. S. Fisher		M.D.		3-22-53			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Burial		March 24-1953		London Pk. Cemetery		Frederick Rd. Balto Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS	
MAR 23 1953		Huntington Williams, Jr.		Joseph Ferace Inc.		712-14 E. North Ave.	
VS 151							

69081

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ELMER A. THOMAS

2. DATE
OF
DEATH

3-20-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1408 HARFORD AVE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1408 HARFORD AVE

C. Length of stay in Baltimore

Life

5. SEX

M.

6. COLOR OR RACE

C.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

3-27-06

9. AGE (In years
last birthday)

46

10. Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

MACHINE LEADER

10B. KIND OF BUSINESS OR
INDUSTRY

Lent BALTO: PRESS

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

HARRISON THOMAS

14. MOTHER'S MAIDEN NAME

MARY F. DODD

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MARY FRANCIS DODD 1408 HARFORD AVE

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Uremia

10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

arteriosclerotic cardiovascular disease

5 y

DUE TO

(C)

malignant hypertension

5 years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

congestive heart failure

3 y

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-26, 1949, to 3-20, 1953 that I last saw the
deceased alive on 3-20, 1953 and that death occurred at 3:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

S. W. McDaniel

M. D.

23B. ADDRESS

807 N. Caroline St

23C. DATE SIGNED

3-23-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

3-24-53

24C. NAME OF CEMETERY OR CREMATORY

ARBOTUS MEM. PK

24D. LOCATION (City, town, or county)

ARBOTUS, MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. 1304 N. Central Ave

25. FUNERAL DIRECTOR

ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 76215

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 21, 1953, to March 22, 1953, that I last saw the deceased alive on March 22, 1953, and that death occurred at 12:15 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

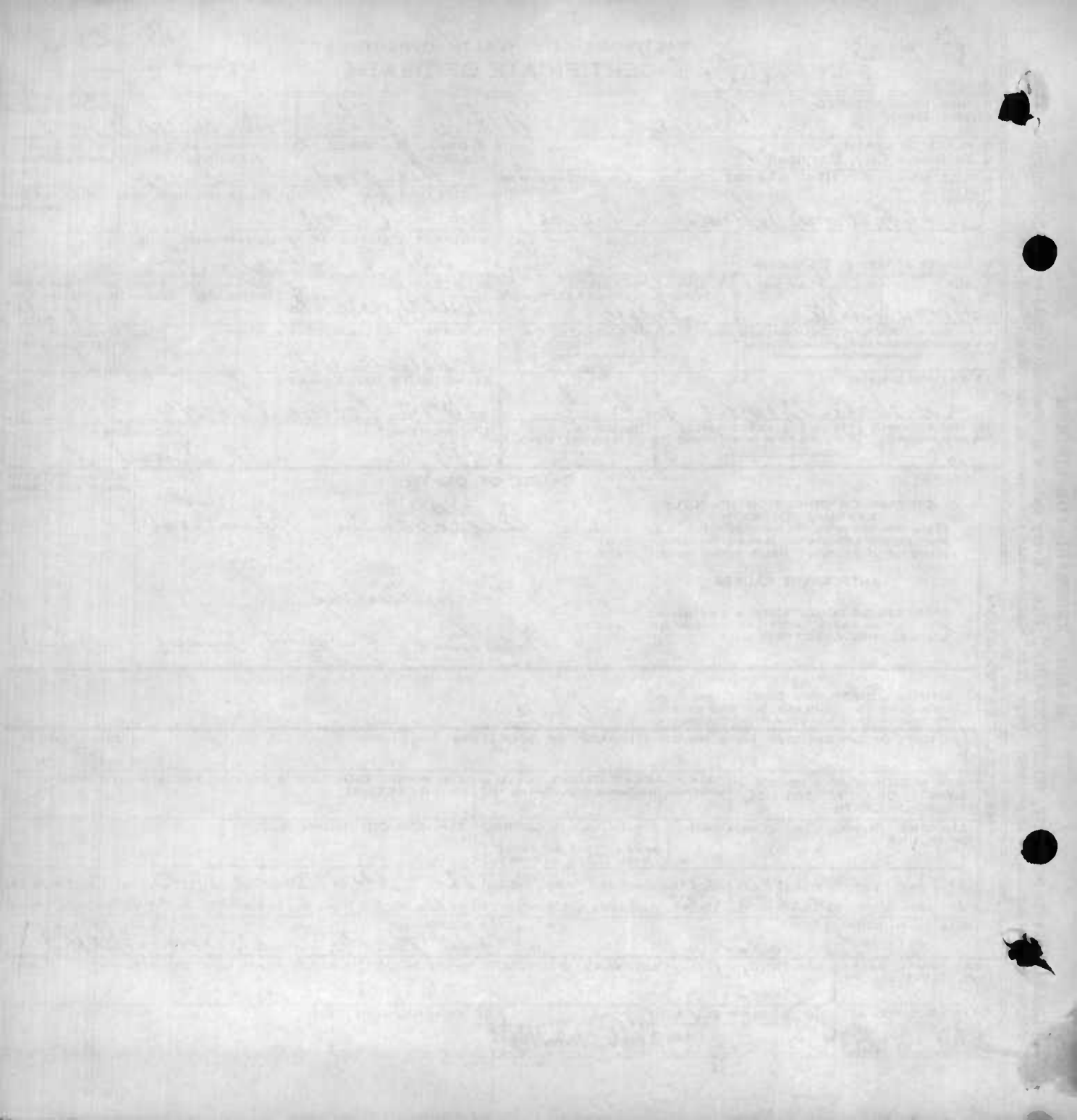
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2944
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Rose Heath

2. DATE
OF
DEATH 3/21/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write full name and give
township)

Baltimore 25

D. STREET ADDRESS (If rural, give location)

3820 Tenth St.

c. Length of stay in Baltimore 40 years

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9/22/1912

9. AGE (in years
last birthday) If Under 1 Year If Under 24 Hours
Months: Days Hours: Min.

40

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

George Diggs Dietz

14. MOTHER'S MAIDEN NAME

Louise Spillman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

Mr. Allen J. Heath 3820 10th St

18. 584X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Hepato-renal syndrome 6 days

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3/11/53

19B. MAJOR FINDINGS OF OPERATION

chronic cholecystitis & cholelithiasis

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/16, 1953, to 3/21, 1953, that I last saw the
deceased alive on 3/21, 1953, and that death occurred at 2 P. M., from the causes and on the date stated above.

23A. SIGNATURE

James H. Ciaros

M. D.

23B. ADDRESS

Luther Bldg.

23C. DATE SIGNED

3/4/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/25/53

24C. NAME OF CEMETERY OR CREMATORY

St. Peter's Lutheran Cem.

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Lassahn Funeral Home 7401 Belair Rd

ADDRESS

DECLASSIFICATION AUTHORITY

1



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2945

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)William F Walker2. DATE
OF
DEATHMarch 22, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

Baltimore

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)3408 Kentucky Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto

c. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

3408 Kentucky Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

422.1
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

Cerebral sclerosis
Arteriosclerotic (cardio-vascular) disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from May 1952 to Mar 22, 1953 that I last saw the
deceased alive on 3/18, 1953 and that death occurred at 10:00 PM from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Dr Stevens

3400 Edman Ave

73

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2946
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN N. LEISURE

2. DATE
OF DEATH Mar. 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

5903 Falkirk Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5903 Falkirk Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Mar. 8, 1885

9. AGE (in years
last birthday)

68

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Passenger Conductor

10B. KIND OF BUSINESS OR
INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William H. Leisure

14. MOTHER'S MAIDEN NAME

Susan Spurrier

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mr. John W. Leisure-5325 Nelson Ave.

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

Pulmonary Edema

Carcinoma intestine with
metastases

1 day

28 mo.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1/3/51 & 12/10/51

19B. MAJOR FINDINGS OF OPERATION

Carcinoma intestines

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 15, 1953 to March 19, 1953 that I last saw the
deceased alive on Mar 19, 1953 and that death occurred at 4:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Les Schlenger

23B. ADDRESS

6001 Loch Raven Blvd

23C. DATE SIGNED

3/21/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/23/53

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

M. J. Pickner & Sons

ADDRESS

Baltimore 17 Md

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 3/16/53, 1953, to 3/20/53, 1953, that I last saw the
deceased alive on 3/20/53, 1953, and that death occurred at 2:40 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2948
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARIAN L. MORROW

2. DATE
OF
DEATH Mar. 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Anderson Nursing Home
3605 Hillsdale St.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Reisterstown

D. STREET ADDRESS (If rural, give location)

3rd & Neal Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Aug. 21, 1864

9. AGE (In years
last birthday)

88

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Cassell

14. MOTHER'S MAIDEN NAME

Mary Ann Forrest

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or oknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Leonard Kinsey-Reisterstown, Md.

18. 334X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-1952 to 3-21-1953, that I last saw the
deceased alive on 3-21-1953 and that death occurred at 11 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/24/53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CERTIFICATE OF DEATH

NEW YORK

DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

EDUCATION

OCCUPATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

CHARLES A. DUVAL

2. DATE OF DEATH
Mar. 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
4715 Norwood Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
4715 Norwood Ave.

C. Length of stay in Baltimore

5. SEX
male

6. COLOR OR RACE
white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Mar. 4, 1882

9. AGE (In years last birthday)

71

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Personnel

10B. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

W. Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Robert Duvall

14. MOTHER'S MAIDEN NAME

Rose Foster

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

705-07-2465

17. INFORMANT

Mrs. Ella M. Duvall - 4715 Norwood Ave.

ADDRESS
Woodlawn, Md.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardio-vascular disease

4 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis - Hypertension

10 yrs.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1952, to March 21, 1953, that I last saw the deceased alive on 3/21/53, 1953, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
2/23/53

24C. NAME OF CEMETERY OR CREMATORY
Lorraine Park Cem.

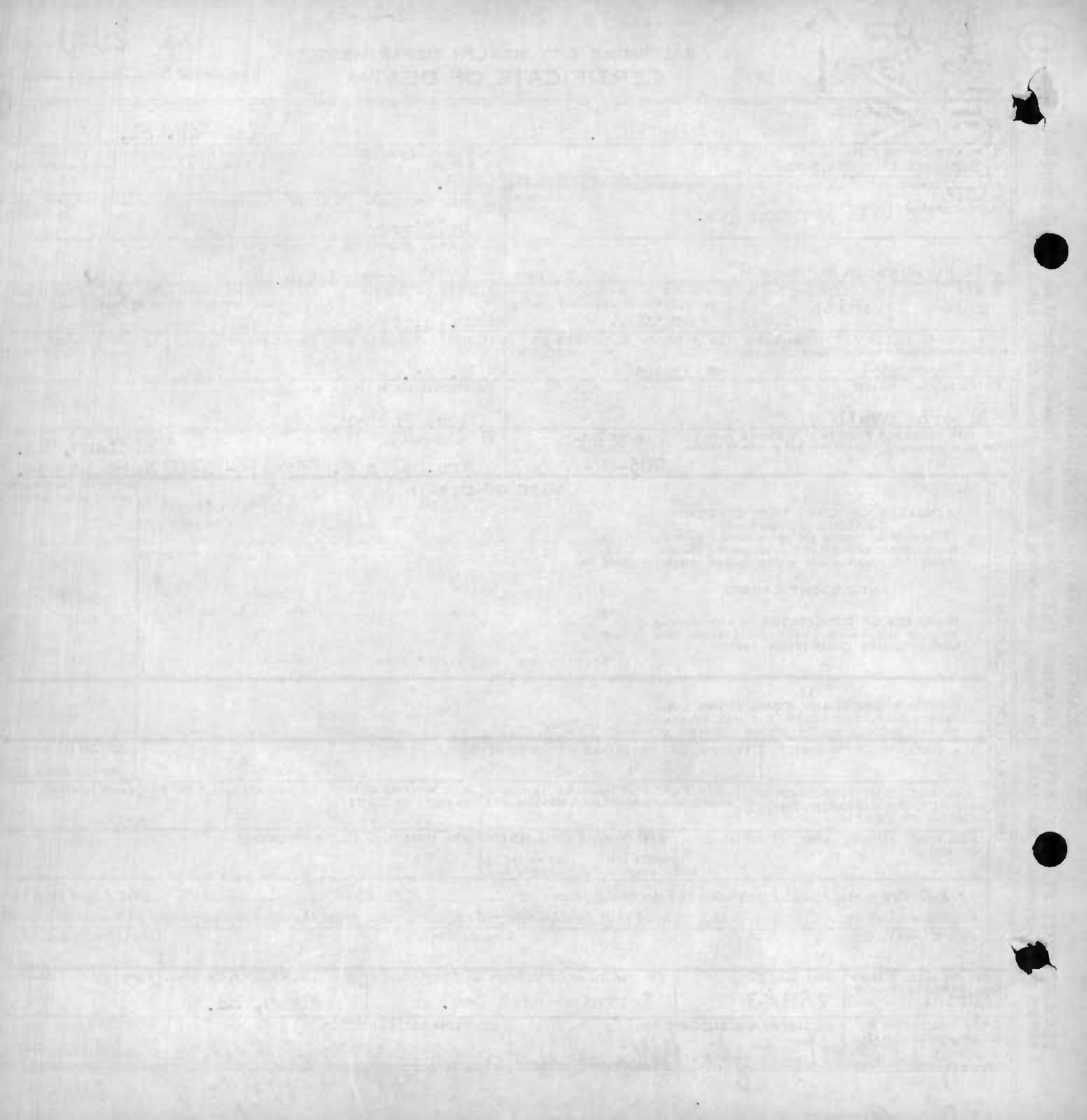
24D. LOCATION (City, town, or county)
Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2950

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES WILLIAM RIDINGS

2. DATE
OF
DEATH

March 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

3730 Greenmount Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug. 10, 1877

9. AGE (In years)

75

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Engineer (retired)

10B. KIND OF BUSINESS OR INDUSTRY

B&O Railroad

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

George Ridings

14. MOTHER'S MAIDEN NAME

Laura Hamilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Matilda Ridings

ADDRESS

3730 Greenmount

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Atherosclerotic heart disease

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Generalized atherosclerosis

19A. DATE OF OPERATION

March 12, 1953

19B. MAJOR FINDINGS OF OPERATION

Benign Hypertrophy of Prostate

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 6, 1953 to March 21, 1953 that I last saw the deceased alive on March 6, 1953 and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

J.B. Brooks

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

March 21, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/24/53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Thos. J. Lickens & Sons

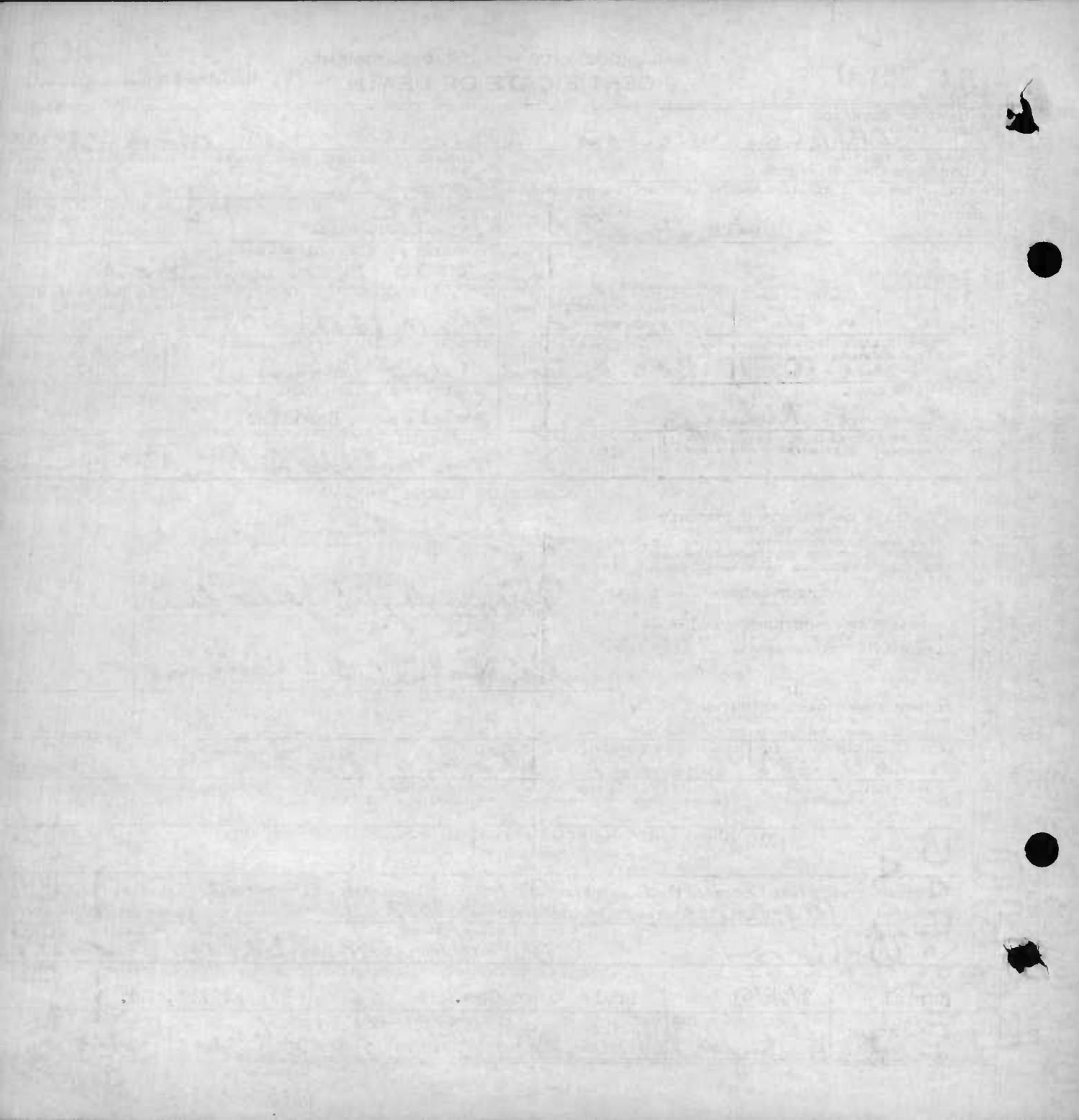
ADDRESS

Route 17, Md.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2951

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)MRS. ADA TERRY TOWSON2. DATE
OF
DEATHMAR. 20, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLANDB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)4306 MIAMI PLACEC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)BALTIMORE

D. STREET ADDRESS (If rural, give location)

4306 MIAMI PLACE

c. Length of stay in Baltimore

4Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)WIDOWED

8. DATE OF BIRTH

AUG. 15, 18669. AGE (in years
last birthday)8610 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)SALESLADY10B. KIND OF BUSINESS OR
INDUSTRYDEPARTMENT STORE

11. BIRTHPLACE (State or foreign country)

BATAVIA, NEW YORK12. CITIZEN OF
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

GEORGE F. TERRY

14. MOTHER'S MAIDEN NAME

JENNIE HUME15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)NO16. SOCIAL
SECURITY NO.577-01-4426

17. INFORMANT

W. O. TOWSON

ADDRESS

4306 MIAMI PLACE
BALTIMORE, MD.

18.

422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 1949, to MAR. 20, 1953, that I last saw the
deceased alive on MAR. 19, 1953, and that death occurred at 6 P. m., from the causes and on the date stated above.

23A. SIGNATURE

David R. Well

M. D.

23B. ADDRESS

512 CATHEDRAL ST.

23C. DATE SIGNED

3-21-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

Mar. 23, 1953

24C. NAME OF CEMETERY OR CREMATORY

GreenMount Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

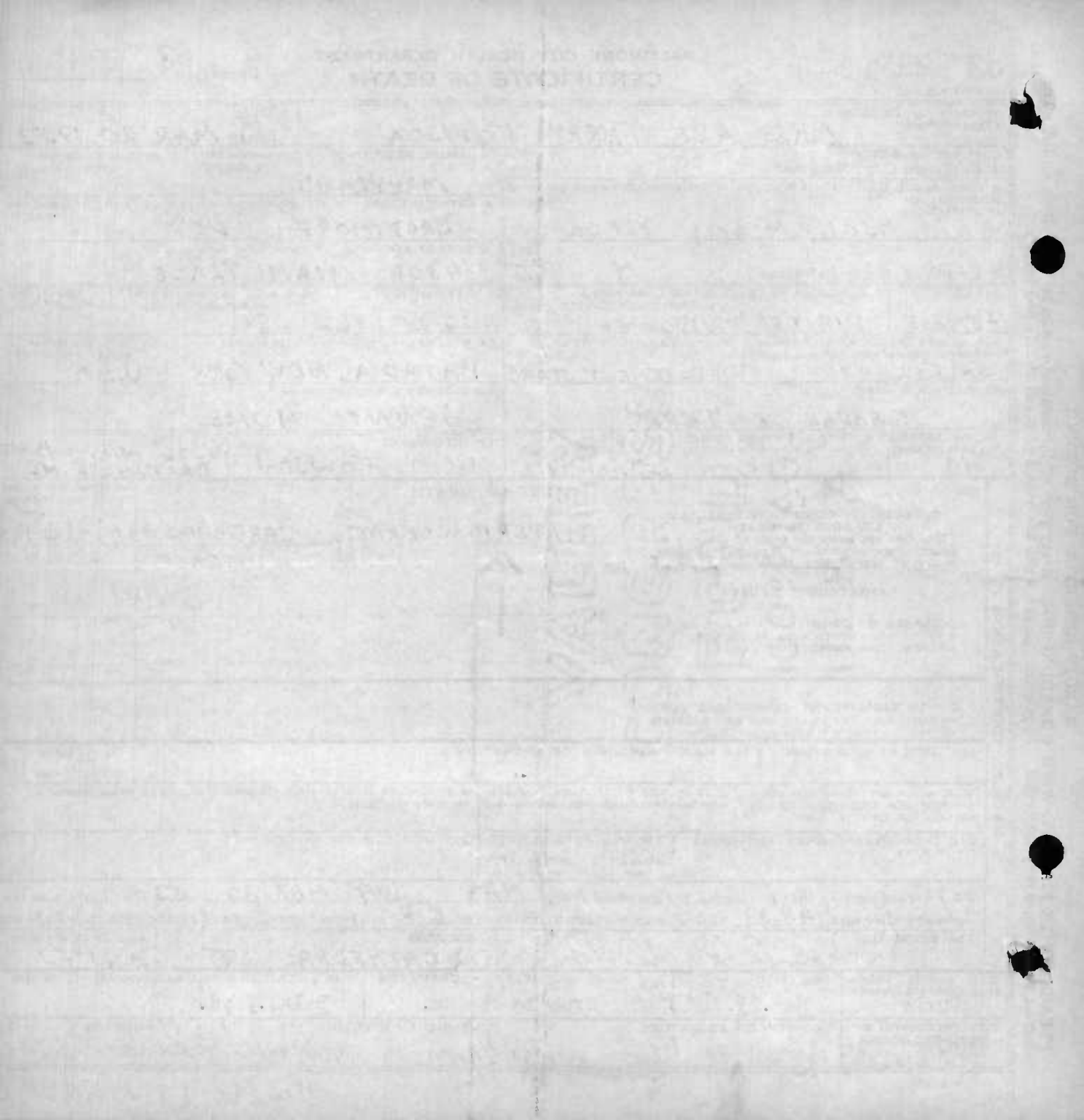
Huntington

25. FUNERAL DIRECTOR

Wm. J. Pickner & Sons

ADDRESS

Balto 17 Md



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2952

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM F. STUMPF

2. DATE
OFDEATH 3/21/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland I307 Sloop Court

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE

Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

Baltimore

o. STREET ADDRESS (If rural, give location)

I307 Sloop Court

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

12/10/1900

9. AGE (In years
last birthday)

52

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Mech.

10B. KIND OF BUSINESS OR
INDUSTRY

Dupont Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William

14. MOTHER'S MAIDEN NAME

Christina Kencel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

World War 11

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same

18. 163X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) carcinomatosis
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) lung cancer
DUE TO

(C)

9 months

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.none

19A. DATE OF OPERATION

Nov. 30/1952

19B. MAJOR FINDINGS OF OPERATION

inoperable lung cancer

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 8, 1952, to March 21, 1953, that I last saw the
deceased alive on March 21, 1953, and that death occurred at 7 P. m., from the causes and on the date stated above.

23A. SIGNATURE

J. Newbame

M. D.

23B. ADDRESS

936 Patapaw Ave.

23C. DATE SIGNED

3-23-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

B

24B. DATE

3/25/53

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LEGAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

James L. McCully - 130 E. Fort Avenue

J. F. Furland

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 2953**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**John P. Hines**2. DATE
OF
DEATH**3-22-53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)**St. Agnes Hospital**C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)**Baltimore**

D. STREET ADDRESS (If rural, give location)

301 Martindale Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Married**

8. DATE OF BIRTH

2-23-18899. AGE (In years
last birthday)**64**If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Bar tender**10B. KIND OF BUSINESS OR
INDUSTRY**The Loop**

11. BIRTHPLACE (State or foreign country)

Penna.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John**Hines**

14. MOTHER'S MAIDEN NAME

Ida15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. J. Hines, 301 Martindale Ave.

18.

151X

CAUSE OF DEATH

ave.INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, assthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Acute pulmonary edema**
DUE TO **Cerebro-vascular accident****5 hrs.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Metastatic Cancer**
DUE TO **Cx of the stomach & liver**
(C) **P.V.D.**

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9-22**, 19**53**, to **3-22**, 19**53**, that I last saw the
deceased alive on **9-22**, 19**53** and that death occurred at **12:20** p.m., from the causes and on the date stated above.

23A. SIGNATURE

George Allen

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

3-22-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Mar. 25/53

24C. NAME OF CEMETERY OR CREMATORY

Landon Pk.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Harry F. White

ADDRESS

4101 Edmondson

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 2954

BIRTH NO.

1. NAME OF DECEASED (Type or Print) E Anna Barton			2. DATE OF DEATH Mar. 22, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1703 Fairview Ave. (27)		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-20-1911		9. AGE (in years last birthday) 42
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X.w.		10B. KIND OF BUSINESS OR INDUSTRY Iron Home	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? American
13. FATHER'S NAME Joseph W. Hauck			14. MOTHER'S MAIDEN NAME Mary Bockman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 1703	17. INFORMANT Mrs. P. Barton		
18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Metastatic Ca. - Adeno Ca. of Breast			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 3-22-53		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-15 , 19 53 to 3-22 , 19 53 , that I last saw the deceased alive on 3-22 , 19 53 , and that death occurred at 7:25 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE G. Allen		23B. ADDRESS St. Agnes Hospital		23C. DATE SIGNED 3-22-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Mar. 25/53		24C. NAME OF CEMETERY OR CREMATORY Landon Pk. Baltimore, Md.	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. LOCATION (State) Md.			
DATE RECEIVED BY LOCAL REGISTRAR MAR 23 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Harry T. Witzke	
				ADDRESS 4101 Edmondson Ave.	

CERTIFICATE OF DEATH

BEFORE THE DEATH OF THE DECEASED

NAME

AGE

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

DATE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PERMANENT RESIDENCE

TEMPORARY RESIDENCE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PERMANENT RESIDENCE

TEMPORARY RESIDENCE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PERMANENT RESIDENCE

TEMPORARY RESIDENCE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct address is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

D- 230

53 2955
BIRTH NO.

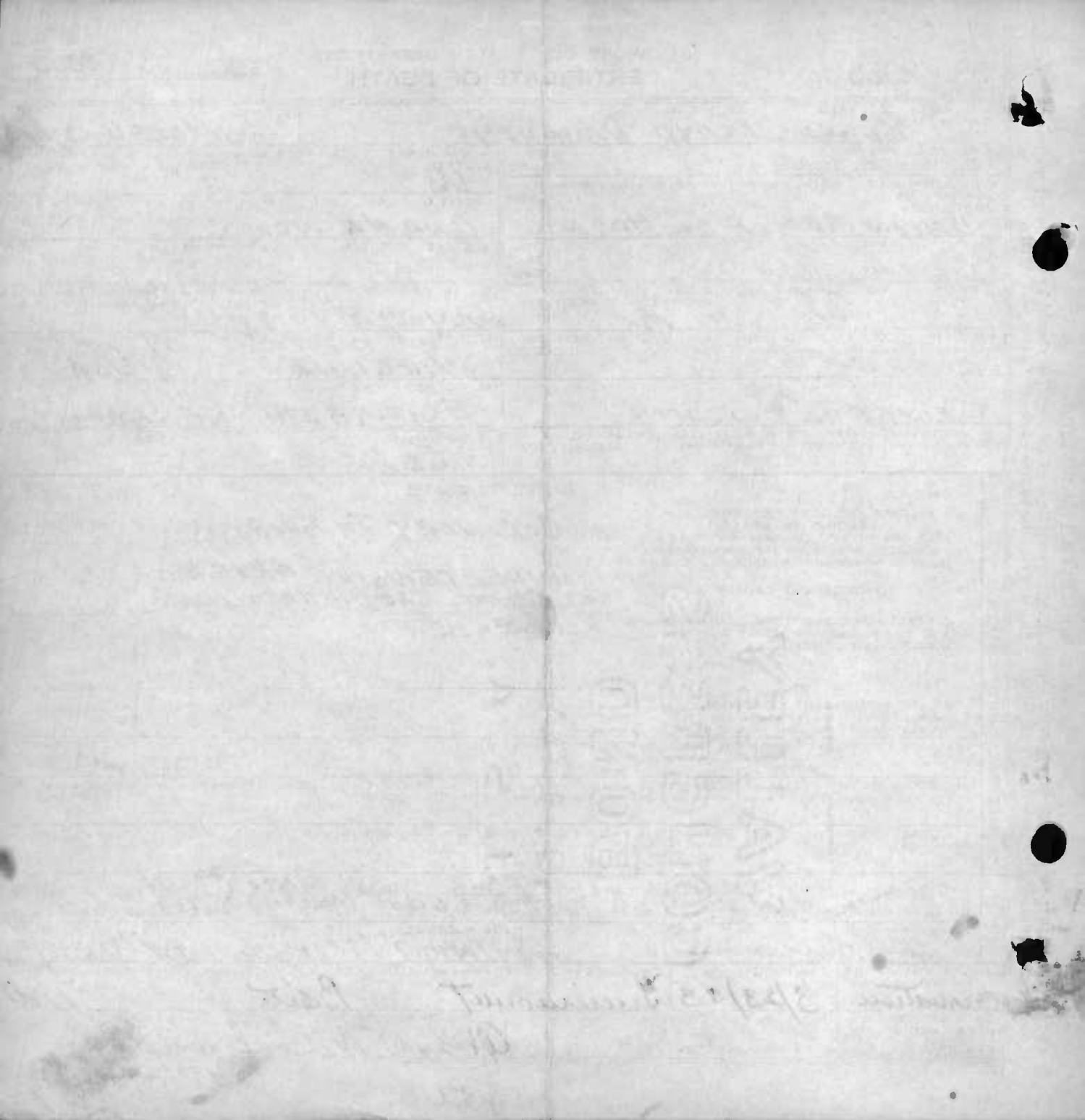
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2955

1. NAME OF DECEASED (Type or Print) GEORGE LLOYD DOUGHTY			2. DATE OF DEATH MARCH 23, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE VA B. COUNTY V-42		
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSP			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ONANIMCOCK		
c. Length of stay in Baltimore Yrs. 1 Mos. 4 Days 1			D. STREET ADDRESS (If rural, give location)		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH JULY 29, 1884	9. AGE (In years last birthday) 68	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LAWYER			11. BIRTHPLACE (State or foreign country) VIRGINIA		
13. FATHER'S NAME GEORGE L. DOUGHTY			12. CITIZEN OF WHAT COUNTRY? USA.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT SELF.			ADDRESS		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY THROMBOSIS DUE TO HYPERTENSIVE ARTERIO-SCLECTIC CARDIOVASCULAR DISEASE DUE TO ARTERIO-SCLECTIC DISEASE DUE TO ARTERIO-SCLECTIC DISEASE			CAUSE OF DEATH CORONARY THROMBOSIS HYPERTENSIVE ARTERIO-SCLECTIC CARDIOVASCULAR DISEASE ARTERIO-SCLECTIC DISEASE			INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from MARCH 22, 1953 , to MARCH 23, 1953 , that I last saw the deceased alive on MARCH 23, 1953 , and that death occurred at 6:20 P.M. , from the causes and on the date stated above.						
23A. SIGNATURE Dr. Dugan		23B. ADDRESS UNION MEMORIAL HOSP.		23C. DATE SIGNED MARCH 23, 1953		
24A. BURIAL, CREMATION, REMOVAL (Specify) Crementation		24B. DATE 3/23/53		24C. NAME OF CEMETERY OR CREMATORY Huntington		
24D. LOCATION (City, town, or county) Balto		24E. FUNERAL DIRECTOR Alphon O. Mitchell's Son Inc.		24F. ADDRESS 1900 Center Place		

0558U



-635
53 2956BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2956

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Lillie Cureton

2. DATE
OF
DEATH

Mar 21, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 14-02

d. STREET ADDRESS (If rural, give location)

1613 Mc Culloch St.

c. Length of stay in Baltimore

7 Yrs. 1 Mo.

5. SEX

Female

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2-14-1914

9. AGE (In years
last birthday)

39

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10b. KIND OF BUSINESS OR
INDUSTRY

Private Family

11. BIRTHPLACE (State or foreign country)

Newbury, S.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Elijah Brown

14. MOTHER'S MAIDEN NAME

Robinson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

247-24,0589

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 757.1 and 171X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-26, 1953, to 3-21, 1953, that I last saw the
deceased alive on 3-21, 1953, and that death occurred at 6:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE

Edward W. Colburn

M. D.

23b. ADDRESS

JOHNS HOPKINS HOSPITAL

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

3/25/53

24c. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Balto. Md.

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

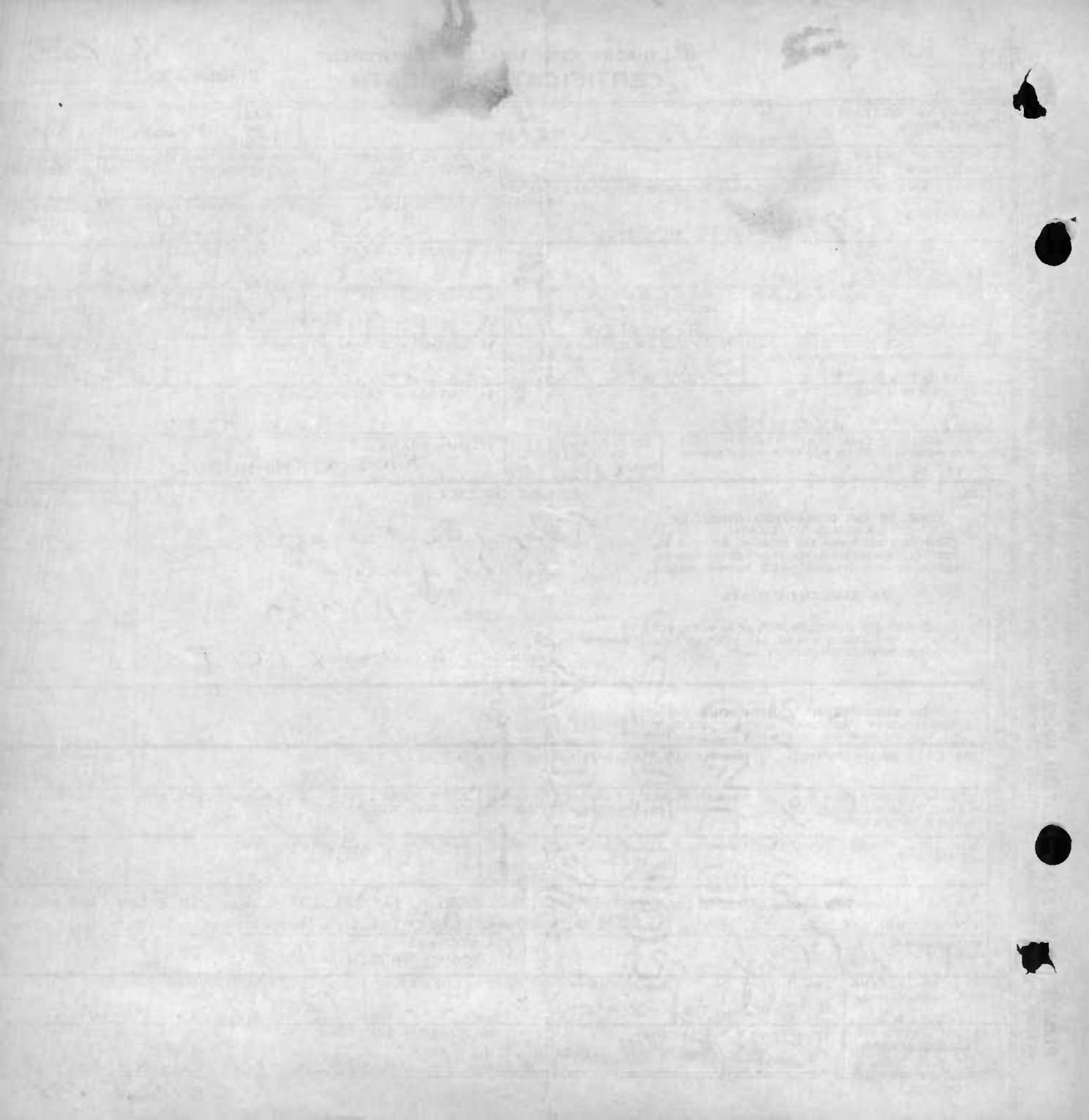
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. I. Chatman, Jr. - 1701 Mc Culloch St.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-346
53 2957

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2957

BIRTH NO.

1. NAME OF DECEASED (Type or Print) **CLYDE BUTLER**

2. DATE OF DEATH **3/24/53**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **MD.** B. COUNTY **6-05**

5. FULL NAME OF HOSPITAL OR INSTITUTION **John Hopkins Hospital**

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

7. STREET ADDRESS (If rural, give location)
217 Beale Court

8. LENGTH OF STAY IN BALTIMORE
Yrs. Mos. Days

9. SEX **Male**

10. COLOR OR RACE **Colored**

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

12. DATE OF BIRTH **March 16, 1920**

13. AGE (In years last birthday) **33**

14. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Laborer

16. KIND OF BUSINESS OR INDUSTRY

17. BIRTHPLACE (State or foreign country)
Spartanburg S.C.

18. CITIZEN OF WHAT COUNTRY

19. FATHER'S NAME
John Butler

20. MOTHER'S MAIDEN NAME
Ella Leach

21. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
Yes

22. (If yes, give war or dates of service)
World War #2

23. SOCIAL SECURITY NO.

24. INFORMANT
Ella Butler

25. ADDRESS
1724 E. Preston St.

18. **E 982 X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.)
Home

21C. WHERE DID INJURY OCCUR?
217 Beale Court

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
3 21 53 8 15

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?
STABBED BY WIFE

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE
R. B. Fisher

23B. CHIEF MEDICAL EXAMINER
A. A. County

23C. DATE SIGNED
3-22-53

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
March 25/53

24C. NAME OF THE FUNERAL HOME
At. Culinary Bldg.

24D. LOCATION (City, town or county) (State)
A.A. County Md.

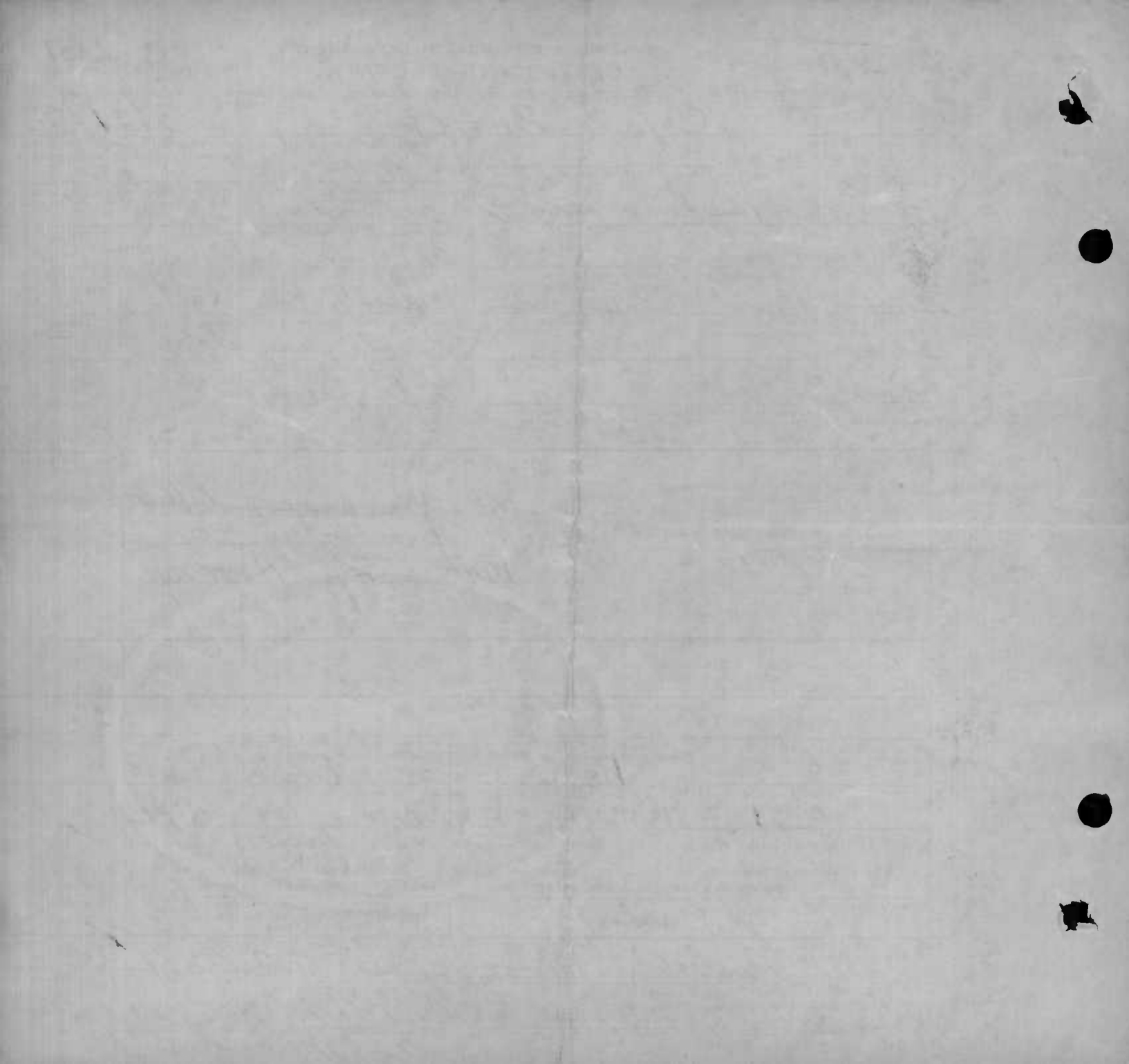
25. FUNERAL DIRECTOR
Mr. P. A. Ellert & Daughter

26. ADDRESS
97099 11297 Caroline St.

DATE RECEIVED BY LOCAL REGISTRAR
MAR 23 1953

REGISTRAR'S SIGNATURE
William H. Williams, M.D.

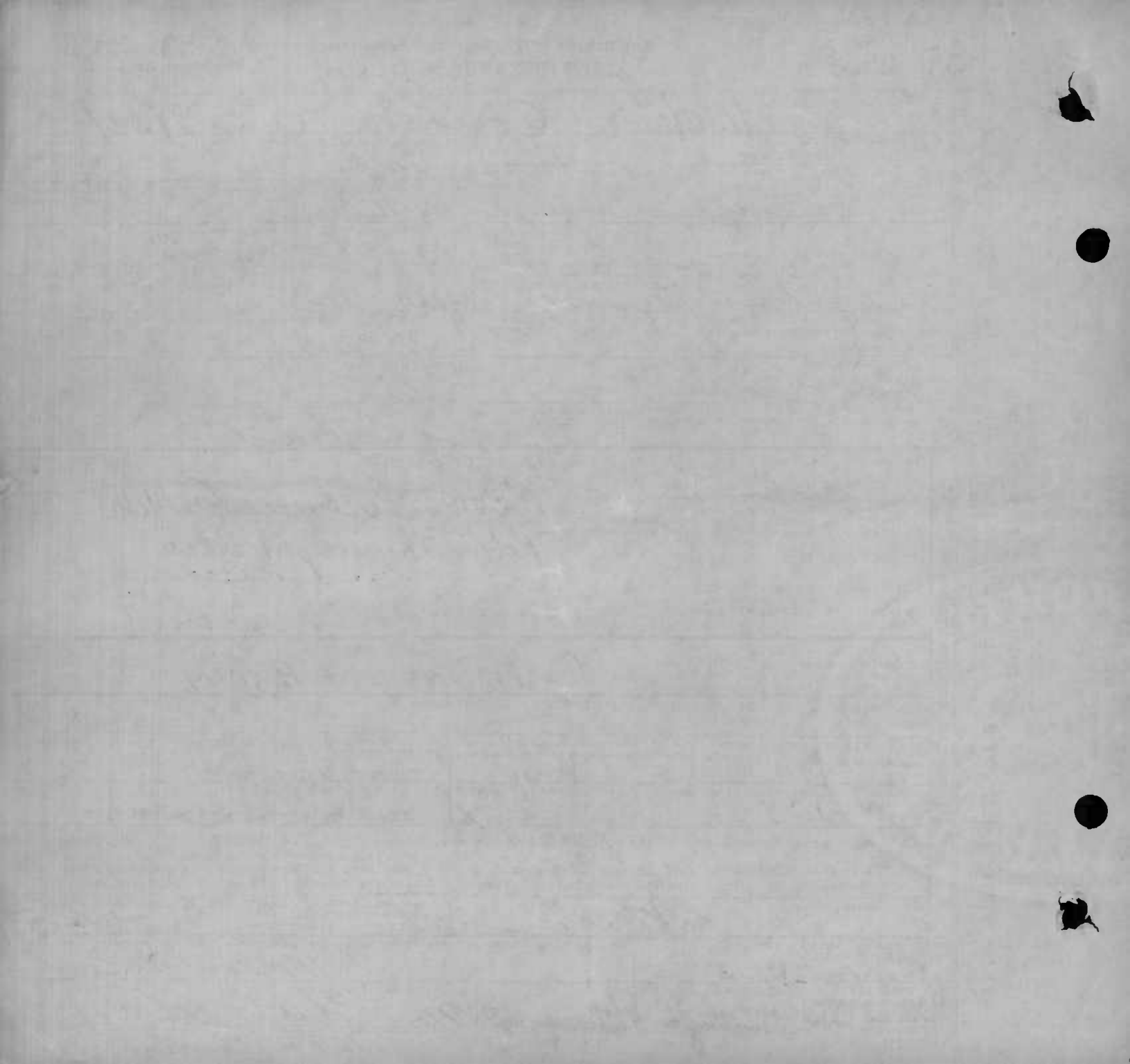
V S 151 **N 862.2**



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-640 53 2958 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 2958 Registered No.	
1. NAME OF DECEASED (Type or Print) William Crowell			2. DATE OF DEATH 3/21/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY		
B. FULL NAME OF (not in hospital or institution, give street address or location) John Hopkins Hospital			C. CITY OR TOWN, (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1315 N. Dallas St.		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 1895	9. AGE (in years last birthday) 57	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labourer			10B. KIND OF BUSINESS OR INDUSTRY		
11. FATHER'S NAME Noah Crowell			12. CITIZEN OF WHAT COUNTRY? N. Carolina		
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			14. MOTHER'S MAIDEN NAME Ellen ?		
15. SOCIAL SECURITY NO.			17. INFORMANT Ladie Crowell		
16. ADDRESS			18. E840X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Massive Pulmonary Embolism DUE TO Pelvic Thrombophlebitis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Contusions of Brain		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Forrest & Gay Sts.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 1 3 53 m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Struck by streetcar (pedestrian)	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 3-22-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 3/23/53		24C. NAME OF CEMETERY OR CREMATORY Weldon N. Carolina	
DATE RECEIVED BY LOCAL REGISTRAR MAR 23 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Mrs. Robert A. Elliott & Daugherty	
VS 151		N853.2		97099 1129 N. Carolina St.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2959

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Lillie Williams*2. DATE
OF
DEATH*Mar. 21, 1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)*JOHNS HOPKINS HOSPITAL*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1725 N. Broadway

C. Length of stay in Baltimore

15 mos.

5. SEX

Female Negro

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

*Mar. 14, 1918*9. AGE (in years
last birthday)*35*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Domestic*10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*W.Va.*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Patrick Walker

14. MOTHER'S MAIDEN NAME

*Lucinda Washington*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. *420.0*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Arteriosclerotic Heart Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

*Cardiac failure as (A) 6 mos*INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb. 25, 1953* to *Mar. 21, 1953*, that I last saw the
deceased alive on *Mar. 21, 1953* and that death occurred at *2:00 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Frederick L. Dick

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

*3-21-53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Removal**March 24/53**Norfolk Va.*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*MAR 23 1953**Huntington Williams, M.D. Mrs. Chas. G. Elliott & Daughter*

VS 150

1129 N. Caroline St.

[Faint, mostly illegible handwritten text, likely bleed-through from the reverse side of the page. The text appears to be organized in a list or table format with multiple columns.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 2960**

53 2960

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Henry Taylor

2. DATE
OF
DEATH

Mar 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

550 Mosher St

B. FULL NAME OF HOSPITAL OR INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

550 Mosher St.

c. Length of stay in Baltimore

60 yrs.

5. SEX

M

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

10-2-1880

9. AGE (In years last birthday)

72

11 Under 1 Year Months Days

11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

Vance Co., N.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown (Robert Taylor)

14. MOTHER'S MAIDEN NAME

Unknown (Judy Leonard)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

214-12-4278

17. INFORMANT

ADDRESS

Mrs. Bernice Quille - 2114 Pulaski St.

18.

260X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Accident

INTERVAL BETWEEN ONSET AND DEATH

3 mo

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

arteriosclerotic cardiovascular disease 5 yrs

(C)

diabetes

5 yrs

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1-28**, 19**53**, to **3-20**, 19**53** that I last saw the deceased alive on **3-20**, 19**53**, and that death occurred at **3-20**, 19**53**, from the causes and on the date stated above.

23A. SIGNATURE

S. W. M. Daniel

M. D.

23B. ADDRESS

807 N. Caroline

23C. DATE SIGNED

3-21-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 24, 1953

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county) (State)

BALTIMORE CO., MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington, Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

HOLLAND FUNERAL HOME 1401 DRUID HILL AVE.

VS 150

Ave.

MEDICAL CERTIFICATION

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington, Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

HOLLAND FUNERAL HOME 1401 DRUID HILL AVE.

VS 150

Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WITNESS TO DEATH OF DEATH
CERTIFICATE OF DEATH

Witness to Death

Witness to Death

Witness to Death

Witness to Death

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2961BIRTH NO. 53 2961

1. NAME OF DECEASED (Type or Print) <u>HELD, ESTELLA</u>			2. DATE OF DEATH <u>3-21-53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <u>UNIVERSITY HOSPITAL</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTIMORE MD. TOWSON</u>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>6 Aigburth Road</u> <u>5355</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 30, 1894</u>	9. AGE (In years last birthday) <u>58</u>	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>James Shutt</u>			14. MOTHER'S MAIDEN NAME <u>Rhoda Shutt</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Robert L. Held, Sr., 6 Aigburth Road, Towson 4, Md.</u>		

18. 420.0 and 260X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) ARTEROSCLEROTIC HEART DISEASE
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DIABETES MELLITUS
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>3-20-53</u> , 19 <u>53</u> , to <u>3-21-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3-21-53</u> , 19 <u>53</u> , and that death occurred at <u>11:30 A.M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Larry M. Walsh</u>		23B. ADDRESS <u>Univ. Hospital</u>		23C. DATE SIGNED <u>3-21-53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Mar. 24, 1953</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Prospect Hill Cemetery</u>	
24D. LOCATION (City, town, or county) <u>Towson, Maryland</u>		24E. FUNERAL DIRECTOR <u>John Burns' Sons, Towson, Md.</u>		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 23 1953</u>		REGISTRAR'S SIGNATURE <u>Antington Williams</u>		25. FUNERAL DIRECTOR <u>John Burns' Sons, Towson, Md.</u>	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2962H-550
53 2962
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>William Dietrich Heemann</u>			2. DATE OF DEATH <u>3/23/53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>6009 Edna Ave</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md</u> B. COUNTY <u>md</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>6009 Edna Ave</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto md 27-025</u>		
c. Length of stay in Baltimore <u>Life</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>6009 Edna Ave</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 7.</u>	9. AGE (In years last birthday) <u>51</u>	10. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>teleph.</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Wm Railroad</u>	11. BIRTHPLACE (State or foreign country) <u>Balto md</u>		12. CITIZEN OF WHAT COUNTRY? <u></u>
13. FATHER'S NAME <u>Louis Heemann</u>			14. MOTHER'S MAIDEN NAME <u>Louisa Kallhoj</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT (Name and Address) <u>Wife Louise Heemann 6009 Edna Ave</u>		
18. <u>420.1</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH		
DUE TO (A) <u>Coronary Occlusion, acute</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>		
ANTECEDENT CAUSES			DUE TO (B) <u></u>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			DUE TO (C) <u></u>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Mar. 23, 1953</u> to <u>Mar. 23, 1953</u> that I last saw the deceased alive on <u>Mar. 23, 1953</u> , and that death occurred at <u>10 A.M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Ronald Jandorf</u>		23B. ADDRESS <u>6077 Harford Rd.</u>		23C. DATE SIGNED <u>3-23-53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>3/26/53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Immanuel Cem.</u>	
24D. LOCATION (City, town, or county) (State) <u>Balto md</u>					
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 23 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>Paul A. Heemann</u> ADDRESS <u>6067 Harford Rd</u>	

CERTIFICATE OF DEATH

CONJUGES

VALLEY

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2963

BIRTH NO. 53 2963

1. NAME OF DECEASED
(Type or Print)

William F Regendes

2. DATE
OF
DEATH

Mar 22 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Red 1st St 4A

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

440 Maitland St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

10-4-1951

9. AGE (In years last birthday)

1

If Under 1 Year
Months: Days

5

4

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

child

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Yokohama - Japan

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Ernest Regendes

14. MOTHER'S MAIDEN NAME

Shigeno Nakamoto

15. WAS DECEASED EVER IN U. S. ARMY FORCES? (Yes, no or unknown) (If yes, give year or date of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 057.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Communicating Hydrocephalus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Meningitis, Meningococcal

DUE TO

(C)

Cardiac arrest at operation

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3/21/53

19B. MAJOR FINDINGS OF OPERATION

Increased ventricular pressure

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3-21, 1953 to 3-22, 1953 that I last saw the deceased alive on 3-22, 1953, and that death occurred at 9:10 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Thomas E. Reichelderfer

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3/23/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

ST John's

24D. LOCATION (City, town, or county)

Long Green Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

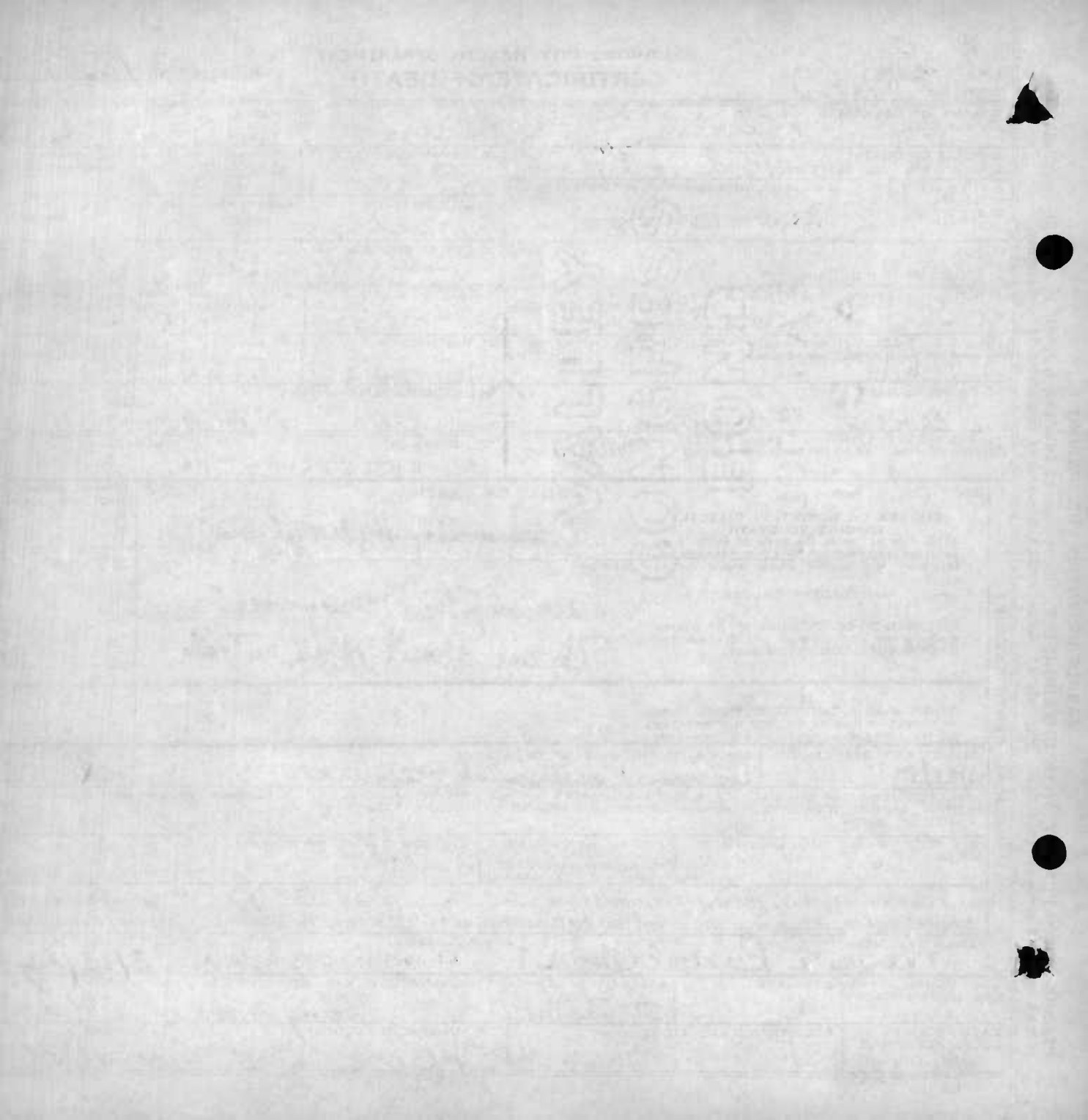
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Buck

ADDRESS

5305 Warford Rd



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2964

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ida M. Davis - Cullum

2. DATE OF DEATH March 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY 9-675. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
1627 Abbottston StreetC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimorec. Length of stay in Baltimore
Yrs. Mos. DaysO. STREET ADDRESS (If rural, give location)
1627 Abbottston Street

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb. 22, 1882

9. AGE (In years last birthday)

71

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
at Home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles Taylor

14. MOTHER'S MAIDEN NAME

Laura

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Claude Davis, 1627 Abbottston

18. 174x

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

2 years and 5 months

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-October, 1950, to 21-March, 1953 that I last saw the deceased alive on 21-March, 1953, and that death occurred at 3:45 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Chas. W. Edmunds

M. O.

23B. ADDRESS

274 The Alameda

23C. DATE SIGNED

23-March-1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/24/53

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.

Dr. Edmunds
2746 Alemeda Blvd.

7-9

CELEBRITY OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2965
Registered No. 53 2965

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Albert F. Schueler

2. DATE
OF
DEATH

March 22, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence

A. STATE Maryland

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2801 Strathmore Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

2801 Strathmore Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Nov. 3, 1879

9. AGE (In years
last birthday)

73

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Real Estate

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Louis Schueler

14. MOTHER'S MAIDEN NAME

Katherine Berger

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Cecelia S. Schueler, 2801 Strathmore

ADDRESS 2801

18. 420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) ...
DUE TO(B) ...
DUE TO

(C) ...

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/22/53 to 3/22/53, that I last saw the
deceased alive on 3/22/53, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/25/53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 23 1953

Huntington Williams, M.D.

Leonard J. Ruck

5305 Harford Road.

Dr. Pratt
Aberdeen and Loch Raven

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2966

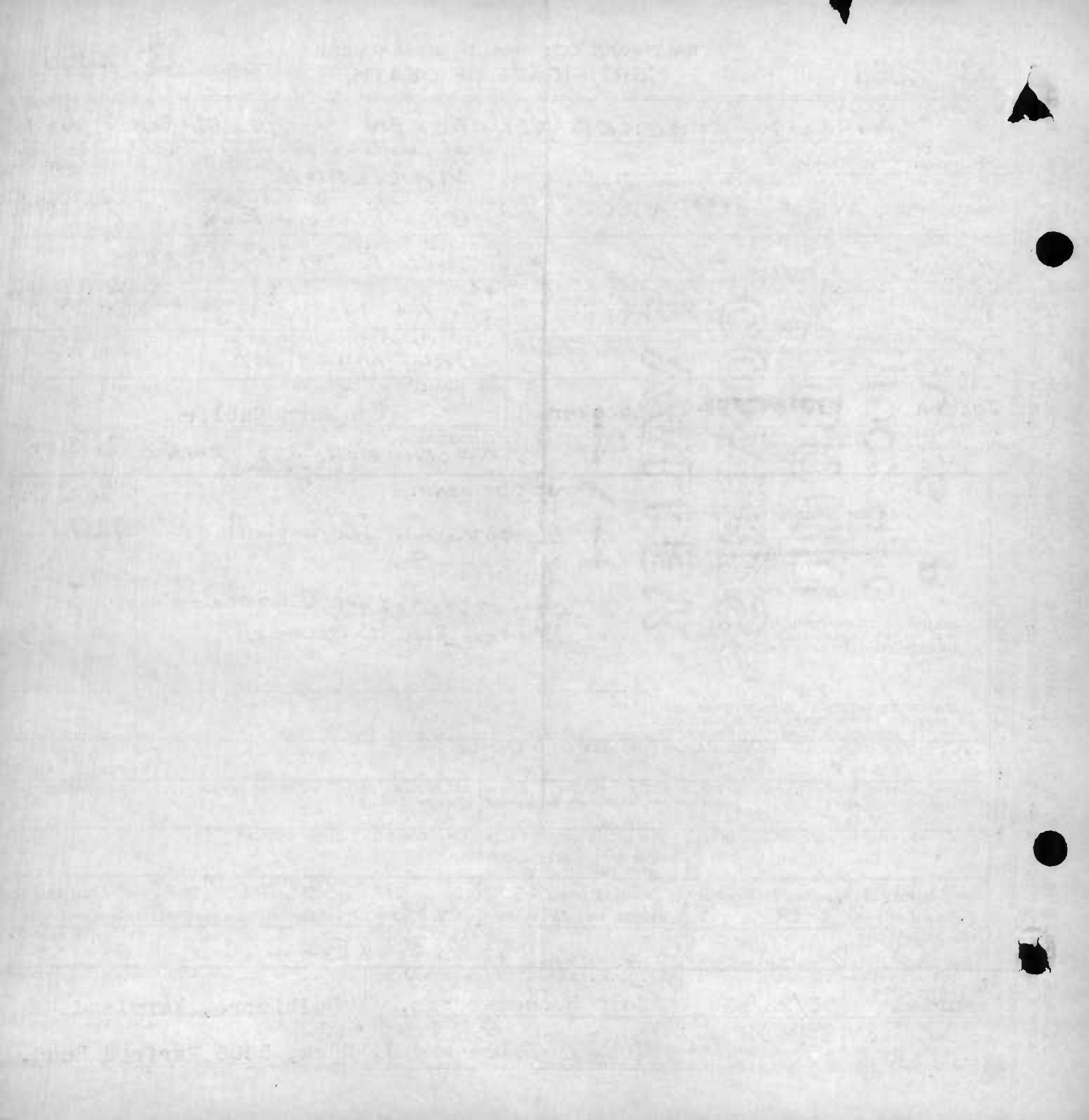
W-534
53 2966
BIRTH NO.

1. NAME OF DECEASED (Type or Print) AMELIA STOCKER WENDELKEN			2. DATE OF DEATH MARCH 21, 1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) a. STATE MARYLAND b. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION 2016 E. 31ST STREET			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 9-06		
c. Length of stay in Baltimore WIFE. Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 2016 E. 31ST STREET.		
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SEPARATED.	8. DATE OF BIRTH 12-24-77	9. AGE (In years, last birthday) 75	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE.			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) BALTIMORE, MD.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Joseph Stocker			14. MOTHER'S MAIDEN NAME (?) Mary Gabler		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT DOROTHY ROBERTS daughter			ADDRESS 2016 E. 31ST ST.		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary Thrombosis DUE TO Sudden		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Atherosclerosis of the Cardiovascular Disease. DUE TO ?		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION NONE.	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) NO	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 2-14-1953 to 3-21-1953 that I last saw the deceased alive on 3-19-1953 , and that death occurred at 12:45 p.m. , from the causes and on the date stated above.		
23A. SIGNATURE Arthur Karzgin	23B. ADDRESS 4230 Loch Raven Blvd.	23C. DATE SIGNED 3-21-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/25/53	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	25. FUNERAL DIRECTOR Leonard J. Ruck ADDRESS 5305 Harford Road.	

MAR 23 1953

VS 150



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 58-2967

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Samuel Oliver Bevans

2. DATE
OF
DEATH

Mar. 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR U.S. Public Health Service location)
INSTITUTION Hospital

Wyman Pk. Drive & 31st Street

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

623 E. 34th Street

C. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

10/13/75

9. AGE (In years;
last birthday)

77

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ret. Home Air Condition-ENG.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Carville Bevans

14. MOTHER'S MAIDEN NAME

Catherine Higgin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

?

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Records- US PHS Hospital Baltimore, Md.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Congestive heart failure

2 mos.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic heart disease
with an old healed anterior
infarct

?

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Mar. 17, 1953 to March 23, 1953, that I last saw the
deceased alive on Mar. 23, 1953 and that death occurred at 12:03 a.m., from the causes and on the date stated above.

23A. SIGNATURE

J. A. Hunter, Clinical Director

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

3/23/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3-26-53

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge Park

24D. LOCATION (City, town, or county)

ELK Ridge Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Leonard Luck

ADDRESS

5305 Hayford

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of official	
13. Signature of official		14. Signature of official		15. Signature of official		16. Signature of official	
17. Signature of official		18. Signature of official		19. Signature of official		20. Signature of official	
21. Signature of official		22. Signature of official		23. Signature of official		24. Signature of official	
25. Signature of official		26. Signature of official		27. Signature of official		28. Signature of official	
29. Signature of official		30. Signature of official		31. Signature of official		32. Signature of official	
33. Signature of official		34. Signature of official		35. Signature of official		36. Signature of official	
37. Signature of official		38. Signature of official		39. Signature of official		40. Signature of official	
41. Signature of official		42. Signature of official		43. Signature of official		44. Signature of official	
45. Signature of official		46. Signature of official		47. Signature of official		48. Signature of official	
49. Signature of official		50. Signature of official		51. Signature of official		52. Signature of official	
53. Signature of official		54. Signature of official		55. Signature of official		56. Signature of official	
57. Signature of official		58. Signature of official		59. Signature of official		60. Signature of official	
61. Signature of official		62. Signature of official		63. Signature of official		64. Signature of official	
65. Signature of official		66. Signature of official		67. Signature of official		68. Signature of official	
69. Signature of official		70. Signature of official		71. Signature of official		72. Signature of official	
73. Signature of official		74. Signature of official		75. Signature of official		76. Signature of official	
77. Signature of official		78. Signature of official		79. Signature of official		80. Signature of official	
81. Signature of official		82. Signature of official		83. Signature of official		84. Signature of official	
85. Signature of official		86. Signature of official		87. Signature of official		88. Signature of official	
89. Signature of official		90. Signature of official		91. Signature of official		92. Signature of official	
93. Signature of official		94. Signature of official		95. Signature of official		96. Signature of official	
97. Signature of official		98. Signature of official		99. Signature of official		100. Signature of official	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2968

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

SOPHIA H. BENTZ

2. DATE
OF
DEATH

3/21/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

MD

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHN HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, with RURAL and give township)

BALTIMORE 8-07

D. STREET ADDRESS (If rural, give location)

2052 E. HOFFMAN ST

C. Length of stay in Baltimore

LIFE

5. SEX

FEMALE W

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W.

8. DATE OF BIRTH

JULY 5, 1900

9. AGE (In years last birthday)

52

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

AT HOME

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

NOT KNOWN

14. MOTHER'S MAIDEN NAME

LABER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

MRS HOWARD WISEMAN E. HOFFMAN

2006

ST

18. **442X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

1 1/2 hr

3 yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10 Jan**, 19 **52**, to **Mar 20**, 19 **53**, that I last saw the deceased alive on **20 Mar**, 19 **53**, and that death occurred at **4 P** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1513 W. Mt. Park Ave

23 Mar 53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

3/25/53

24C. NAME OF CEMETERY OR CREMATORY

MT. CARMEL

24D. LOCATION (City, town, or county)

BALTIMORE MD

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 23 1953

Blairville, Md. Clarence F. Hoffman 1639 Broadway

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

THE STATE OF NEW YORK

IN SENATE
JANUARY 1, 1911

REPORT OF THE

DEPARTMENT OF HEALTH

FOR THE YEAR 1910

AND FOR THE

PERIOD FROM

JANUARY 1, 1910

TO DECEMBER 31, 1910

IN SENATE

JANUARY 1, 1911

REPORT OF THE

DEPARTMENT OF HEALTH

FOR THE YEAR 1910

AND FOR THE

PERIOD FROM

JANUARY 1, 1910

TO DECEMBER 31, 1910

IN SENATE

JANUARY 1, 1911

REPORT OF THE

DEPARTMENT OF HEALTH

FOR THE YEAR 1910

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2969

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles A. Davis

2. DATE
OF
DEATH

March. 20/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4326 E. Lombard St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

4326 E. Lombard St. 24

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore Md.

D. STREET ADDRESS (If rural, give location)

4326 E. Lombard St.

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 17, 1895

9. AGE (in years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Bus Operator

10B. KIND OF BUSINESS OR
INDUSTRY

Balto. Transit Co.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Chas. Davis

14. MOTHER'S MAIDEN NAME

Mary Garrish

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

--

(If yes, give war or dates of service)

--

16. SOCIAL
SECURITY NO.
213-10-0988

17. INFORMANT

ADDRESS

Mrs. Mildred I Davis, 4326 E. Lombard St 2

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/20/53 to 3/20/53, that I last saw the
deceased alive on 3/20/53, and that death occurred at 7:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 24/53

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 23 1953

Burlington Williams, M.D. Philip's Henry Sons 2024 Orleans St

VS 150

31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. Physicians: please write the causes of death clearly and legibly. correct age especially important.

62551

SEATTLE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Death No. 1043

Reported by

Deceased

Age

Sex

Color

Marital Status

Occupation

Place of Birth

Usual Residence

Cause of Death

Immediate Cause

Contributing Cause

Medical History

Signature of Physician

Signature of Registrar

Date

Place

Signature of Deceased

Signature of Witness

Signature of Coroner

Signature of Burial Officer

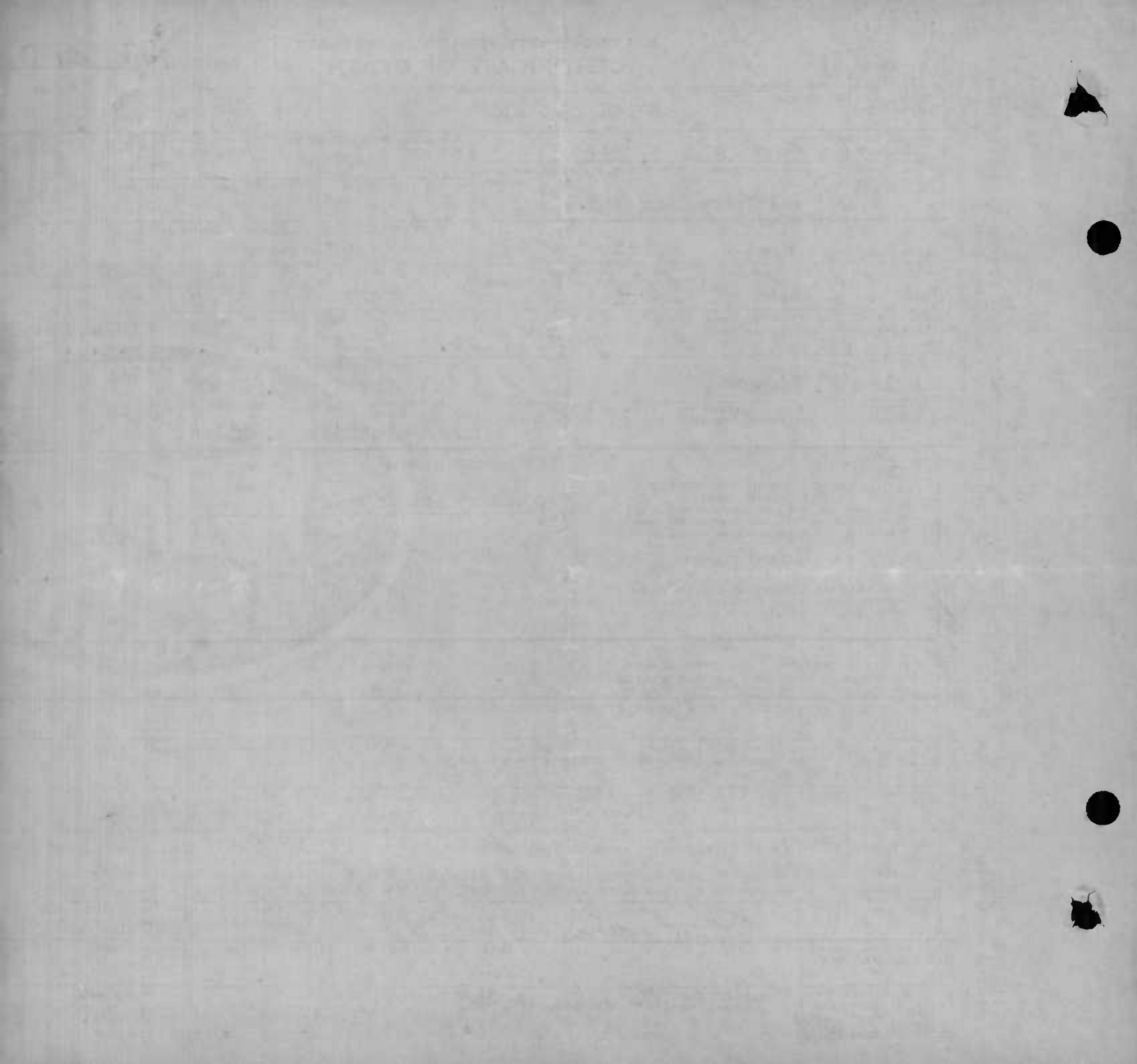
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

Registered No. 53 2970

B-426
53 2970
BIRTH NO.

1. NAME OF DECEASED (Type or Print)		CHARLES E. BILZER		2. DATE OF DEATH March 20, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Balto. City</u>				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baltimore City Hosp.</u>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Dundalk</u>	
C. Length of stay in Baltimore <u>Life</u>				D. STREET ADDRESS (If rural, give location) <u>2949 Yorkway</u>	
5. SEX <u>Male</u>	6. COLOR, OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3/8/1922</u>	9. AGE (In years last birthday) <u>31</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Steel Worker</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Eastern Stainless Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore, Md.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13. FATHER'S NAME <u>Charles B. Bilzer</u>	
14. MOTHER'S MAIDEN NAME <u>Catherine H. Healy</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.				17. INFORMANT ADDRESS <u>Mrs Catherine H. Bilzer 207 Dickman</u>	
18. <u>420.1</u> CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>Coronary artery sclerosis</u>					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Coronary artery sclerosis</u>					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <u>R. S. Fisher</u>				23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED <u>March 20, 1953</u>					
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>3/24/1953</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Cathedral</u>	
24D. LOCATION (City, town, or county) (State) <u>Balto. Md.</u>		24E. FUNERAL DIRECTOR <u>Flynn & Fleming</u>		24F. ADDRESS <u>1426 Light St.</u>	

6903A



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) *Victoria Clara Bryner*2. DATE OF DEATH *March 21, 1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Med. Opl 3*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *md.*B. COUNTY *6-05*

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 31

C. Length of stay in Baltimore

*Like*Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

40 N. Patterson Park Ave

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

*Female White**Married**12-23-'88**64*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Michael Zamorski

14. MOTHER'S MAIDEN NAME

Josephine Rakowski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*JOHNS HOPKINS HOSPITAL*18. *420.1*DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Infarction of Heart

INTERVAL BETWEEN ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

Arteriosclerotic coronary vessels
Thrombosis

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from *3-19-*, 19*53* to *3-21-*, 19*53* that I last saw the deceased alive on *3-21-*, 19*53* and that death occurred at *2:00 p.m.* from the causes and on the date stated above.

23A. SIGNATURE

David Lukens

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Burial**3-25-53**St. Francis Ave**Balto - Md*

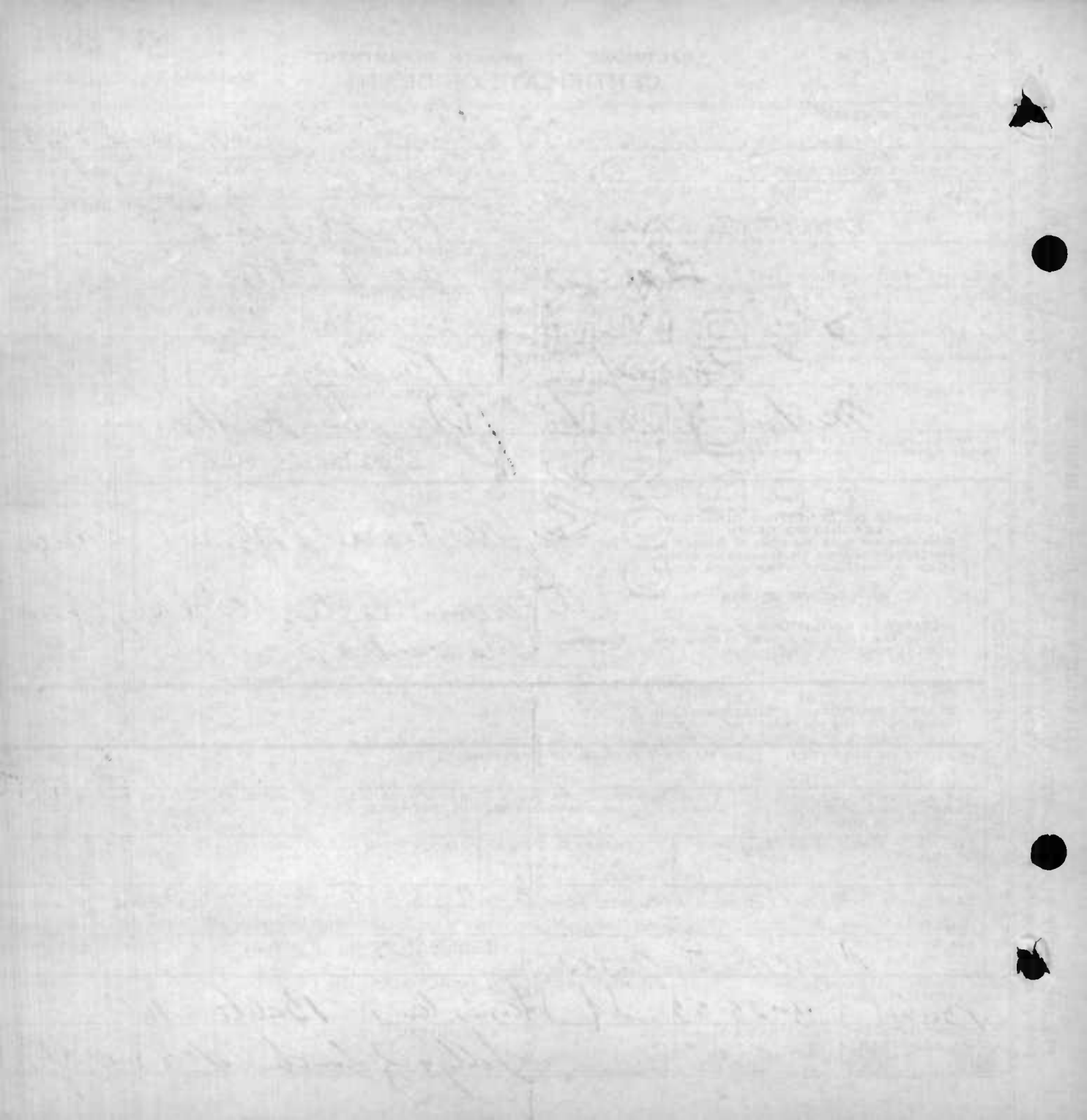
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*MAR 23 1953**Huntington Williams**W. J. Kelly & Zaluski**403 S. Wolfe St*



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2972
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Harry A. Lynch

2. DATE
OF
DEATH

3-21-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
INSTITUTION

1315 Hillman Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1315 Hillman Street

c. Length of stay in Baltimore

Life

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

7-26-84

9. AGE (In years
last birthday)

68

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Watchman

10B. KIND OF BUSINESS OR
INDUSTRY

Municipal Bldg

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Jeremiah Lynch

14. MOTHER'S MAIDEN NAME

Marie Whitaker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Pleasant Street - 701 Elmwood Rd

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

1 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

arterio sclerosis

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Cerebral hemorrhage with veins

6 yrs. ago

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 Sept 1946, to 21 July 1952, that I last saw the
deceased alive on 17 May 1952, and that death occurred at 4A m., from the causes and on the date stated above.

23A. SIGNATURE

Samuel Lilly

M. D.

23B. ADDRESS

214 E. Presa St

23C. DATE SIGNED

23 May 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3-24-53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

763 93

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH
PLACE OF DEATH
CAUSE OF DEATH

SIGNATURE OF REGISTRAR

DATE OF REGISTRATION

PLACE OF REGISTRATION

REGISTRATION NUMBER

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED/DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/19, 1953 to 3/22, 1953, that I last saw the
deceased alive on 3/22, 1953, and that death occurred at 10 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

WATSON CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Name of Deceased		Date of Birth	
John Doe		1900-01-01	
Sex		Race	
Male		White	
Marital Status		Occupation	
Married		Farmer	
Usual Residence		Place of Death	
Watson City, N.M.		Watson City, N.M.	
Cause of Death		Immediate Cause	
Heart Disease		Myocardial Infarction	
Duration of Illness		Date of Death	
10 days		1950-01-15	
Physician		Signature	
Dr. J. Smith		[Signature]	

Cause of Death		Immediate Cause	
Heart Disease		Myocardial Infarction	
Duration of Illness		Date of Death	
10 days		1950-01-15	
Physician		Signature	
Dr. J. Smith		[Signature]	

Cause of Death		Immediate Cause	
Heart Disease		Myocardial Infarction	
Duration of Illness		Date of Death	
10 days		1950-01-15	
Physician		Signature	
Dr. J. Smith		[Signature]	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2974
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lanahan, Henry

2. DATE
OF
DEATH

March 22, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2926 Hudson St. #24

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 29, 1877

9. AGE (in years
last birthday)

80

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR
INDUSTRY

Redden Ship yard

11. BIRTH PLACE (State or foreign country)

Ireland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Lanahan

14. MOTHER'S MAIDEN NAME

Anna Brennan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mary Lanahan same

18. *592X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Terminal Uremia

1 mo.

DUE TO

ANTECEDENT CAUSES

(B)

Chronic Glomerulonephritis

2 yrs.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic Heart Disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from *Feb. 25, 1953*, to *March 22, 1953*, that I last saw the
deceased alive on *March 22, 1953*, and that death occurred at *3:30 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

W. M. Conway

23B. ADDRESS

South Balto Genl Hosp

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

March 23, 1953

Thurston W. Williams, M.D.

St. Luke's - 403 S. W. 4th St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly stated. This is especially important. Physicians: please write the causes of death clearly and legibly.



Handwritten text, likely bleed-through from the reverse side of the page. The text is faint and difficult to decipher but appears to be a list or series of entries.



Handwritten text at the bottom of the page, possibly a signature or a concluding note. The text is very faint and mostly illegible.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 2975

1. NAME OF DECEASED (Type or Print) WILLIAM SWEENEY CLAUTICE			2. DATE OF DEATH Mar. 22, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution's residence before admission) A. STATE Md. B. COUNTY 14-01		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1411 Mt. Royal Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1411 Mt. Royal Ave.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 11, 1871	9. AGE (in years last birthday) 81	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman		10B. KIND OF BUSINESS OR INDUSTRY Shoes	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Wm. F. Clautice			14. MOTHER'S MAIDEN NAME --		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service) -		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. J. W. Clautice-326 E. University Pkwy		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction CAUSE OF DEATH (A) arteriosclerosis DUE TO ANTECEDENT CAUSES (B) arteriosclerosis DUE TO (C) arteriosclerosis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 4 days ? yrs		
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., home or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>August 8</u> , 19 <u>44</u> , to <u>March 22</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>March 21</u> , 19 <u>53</u> , and that death occurred at <u>7:30 A.M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE Francis W. Gluck		23B. ADDRESS 100 W University Pkwy		23C. DATE SIGNED 3/23/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/24/53	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.		24D. LOCATION (City, town, or county) (State) Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 23 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Wm. J. Dickner & Sons Balto 17, Md.	

STATE OF TEXAS
COUNTY OF DALLAS

WITNESSES

Subscribed and sworn to before me this _____ day of _____, 19____.

Notary Public in and for the State of Texas.

My Commission Expires _____, 19____.

Notary Public in and for the State of Texas.

My Commission Expires _____, 19____.

Notary Public in and for the State of Texas.

My Commission Expires _____, 19____.

Notary Public in and for the State of Texas.

My Commission Expires _____, 19____.

Notary Public in and for the State of Texas.

My Commission Expires _____, 19____.

Notary Public in and for the State of Texas.

My Commission Expires _____, 19____.

Notary Public in and for the State of Texas.

My Commission Expires _____, 19____.

Notary Public in and for the State of Texas.

My Commission Expires _____, 19____.

Notary Public in and for the State of Texas.

My Commission Expires _____, 19____.

Notary Public in and for the State of Texas.

My Commission Expires _____, 19____.

Notary Public in and for the State of Texas.

My Commission Expires _____, 19____.

Notary Public in and for the State of Texas.

My Commission Expires _____, 19____.

Notary Public in and for the State of Texas.

My Commission Expires _____, 19____.

Notary Public in and for the State of Texas.

My Commission Expires _____, 19____.

Notary Public in and for the State of Texas.

My Commission Expires _____, 19____.

Notary Public in and for the State of Texas.

My Commission Expires _____, 19____.

Notary Public in and for the State of Texas.

My Commission Expires _____, 19____.

Notary Public in and for the State of Texas.

My Commission Expires _____, 19____.

Notary Public in and for the State of Texas.

My Commission Expires _____, 19____.

Notary Public in and for the State of Texas.

My Commission Expires _____, 19____.

53 2976

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2976

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK Reed Griffin

2. DATE
OF
DEATH

MAR 23 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

N.Y.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Bronxville

D. STREET ADDRESS (If rural, give location)

36 Birchbrook Rd

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

6-1-95-

9. AGE (in years last birthday)

57

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Advertising

10B. KIND OF BUSINESS OR INDUSTRY

Compton Co.

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Frank Griffin

14. MOTHER'S MAIDEN NAME

Mary Emery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

yes

World War No. 1

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 199.5

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

metastatic tumor to

8 months

DUE TO

left cerebellar hemisphere

ANTECEDENT CAUSES

(B)

primary site unknown

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Feb 22. 53

19B. MAJOR FINDINGS OF OPERATION

metastatic tumor to left cerebellar hemisphere

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-20-1953 to 3-23-1953, that I last saw the deceased alive on 3-23-1953, and that death occurred at 7:24 a.m., from the causes and on the date stated above.

23A. SIGNATURE

J. M. Queen

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3-23-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/25/53

24C. NAME OF CEMETERY OR CREMATORY

?

24D. LOCATION (City, town, or county)

Bronxville, N.Y.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 24 1953

REGISTRAR'S SIGNATURE

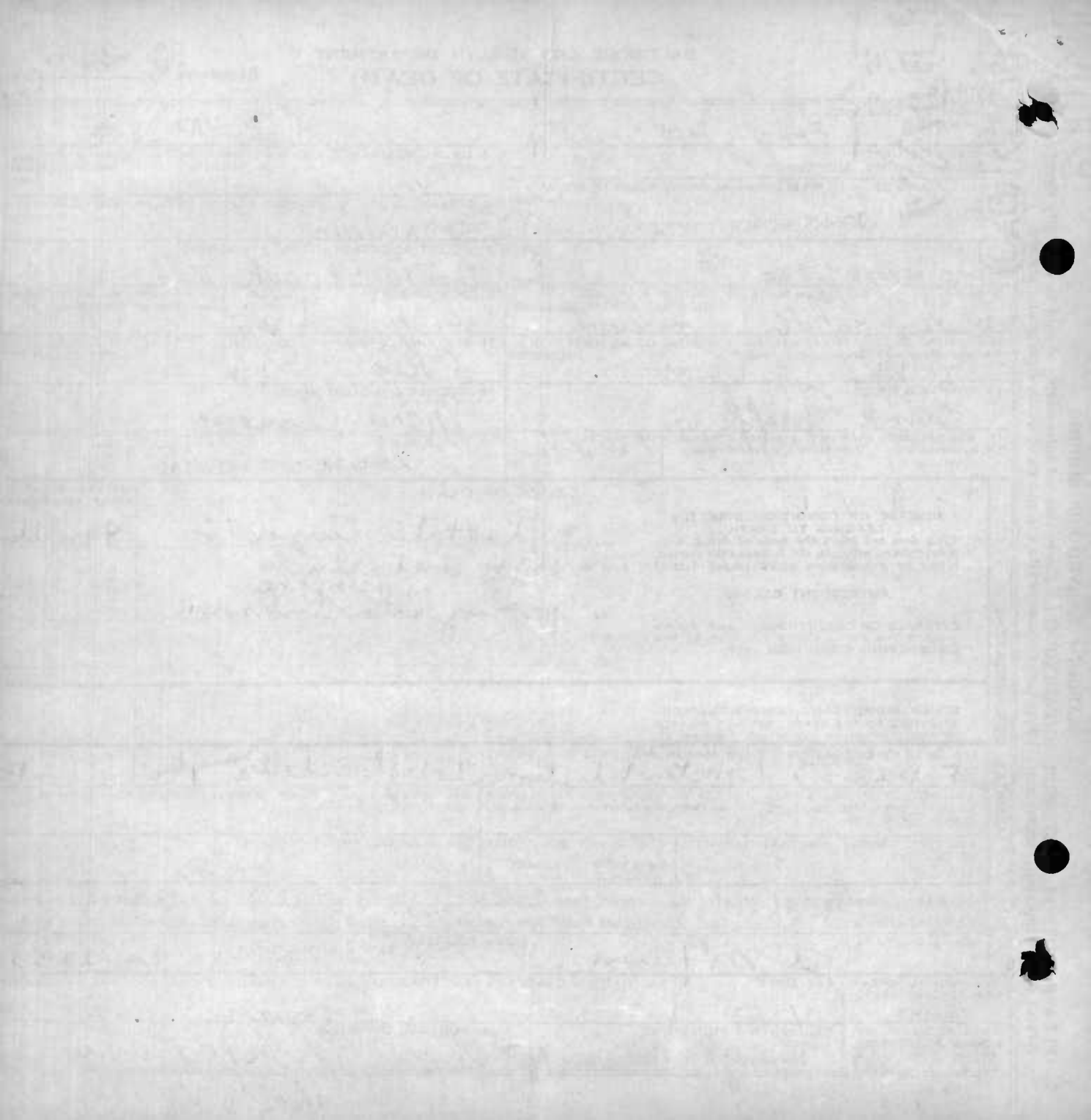
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. J. Tucker & Sons

ADDRESS

29080 Bath 17, Md.



53 2977

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Catherine Jaffield

2. DATE
OF
DEATH

Mar 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med U phr 3

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSE WIFE

10B. KIND OF BUSINESS OR
INDUSTRY

NONE

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

JAMES CASEY

14. MOTHER'S MAIDEN NAME

JANNETTE CLARK

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 446x and 260x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) UREMIA

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) NEPHROSCLEROSIS AND

DUE TO

(C) CHRONIC PYELONEPHRITIS

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

DIABETES MELLITUS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-7-1953, to 3-23-1953, that I last saw the deceased alive on 3-23-1953, and that death occurred at 7:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

A. H. Owens Jr.

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3-23-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/27/53

24C. NAME OF CEMETERY OR CREMATORY

Arlington National

24D. LOCATION, (City, town, or county)

Arlington, VA

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John M. Taylor & Sons Annapolis, MD

MAR 24 1953

VS 150

RECEIVED

OFFICE OF THE ASSISTANT ATTORNEY GENERAL

WASHINGTON, D. C.

DEPARTMENT OF THE INTERIOR

RECEIVED

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2978

BIRTH NO. 53 2978

1. NAME OF DECEASED (Type or Print) CHARLES E. DAMMYER, Jr.		2. DATE OF DEATH March 22, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-15	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 5704 Falls Road	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 5, 1930
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine operator Catalyst Research		9. AGE (in years last birthday) 22	11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME Charles E. Dammyer, Sr.		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME Florence L. Daily.	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Florence Dammyer, 5704 Falls Road.	
18. E 813.4 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Skull Fracture XXXX ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Subdural Hemorrhage XXXXX (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) street	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 5704 Falls Road		27/15	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 3/19/53 11:00 P. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21F. HOW DID INJURY OCCUR? Automobile struck house (driver)			
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE <i>William J. ...</i>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED 3/23/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Mar 25/53	
24C. NAME OF CEMETERY OR CREMATORY Mt. Zion		24D. LOCATION (City, town, or county) (State) Friedland, Md	
25. FUNERAL DIRECTOR Trustee E. Bonovau - 3818 Roland Ave			

VS 151

N 803.2

690 F2

CONFIDENTIAL

B. T.

Life

June 1950

Single

and

including operation, etc.

Edward L.

Charles E.

Thomas

13-630
53 2979BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2979

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN G. BARRETT.

2. DATE
OF
DEATH

MARCH 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1337 MORLING AVE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE. 13-08

D. STREET ADDRESS (If rural, give location)

1337 MORLING AVE.

c. Length of stay in Baltimore

LIFE.

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED.

8. DATE OF BIRTH

DEC 14 1878

9. AGE (In years
last birthday)

74

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RETIRED

10B. KIND OF BUSINESS OR
INDUSTRY

RAILWAY EXPRESS

11. BIRTHPLACE (State or foreign country)

MARYLAND.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

GRAFTON BARRETT.

14. MOTHER'S MAIDEN NAME

ELIZABETH GILL.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

LULA BARRETT-1337 MORLING AVE

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CORONARY THROMBOSIS

2 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ARTERIO SCLEROSIS

15 y. 12

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from MARCH 1950, to MARCH 21, 1953, that I last saw the
deceased alive on MARCH 21, 1953, and that death occurred at 9:50 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Arthur J. Danes

M. D.

23B. ADDRESS

800 W 33rd St.

23C. DATE SIGNED

3-23-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

MAR 27 53

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 24 1953

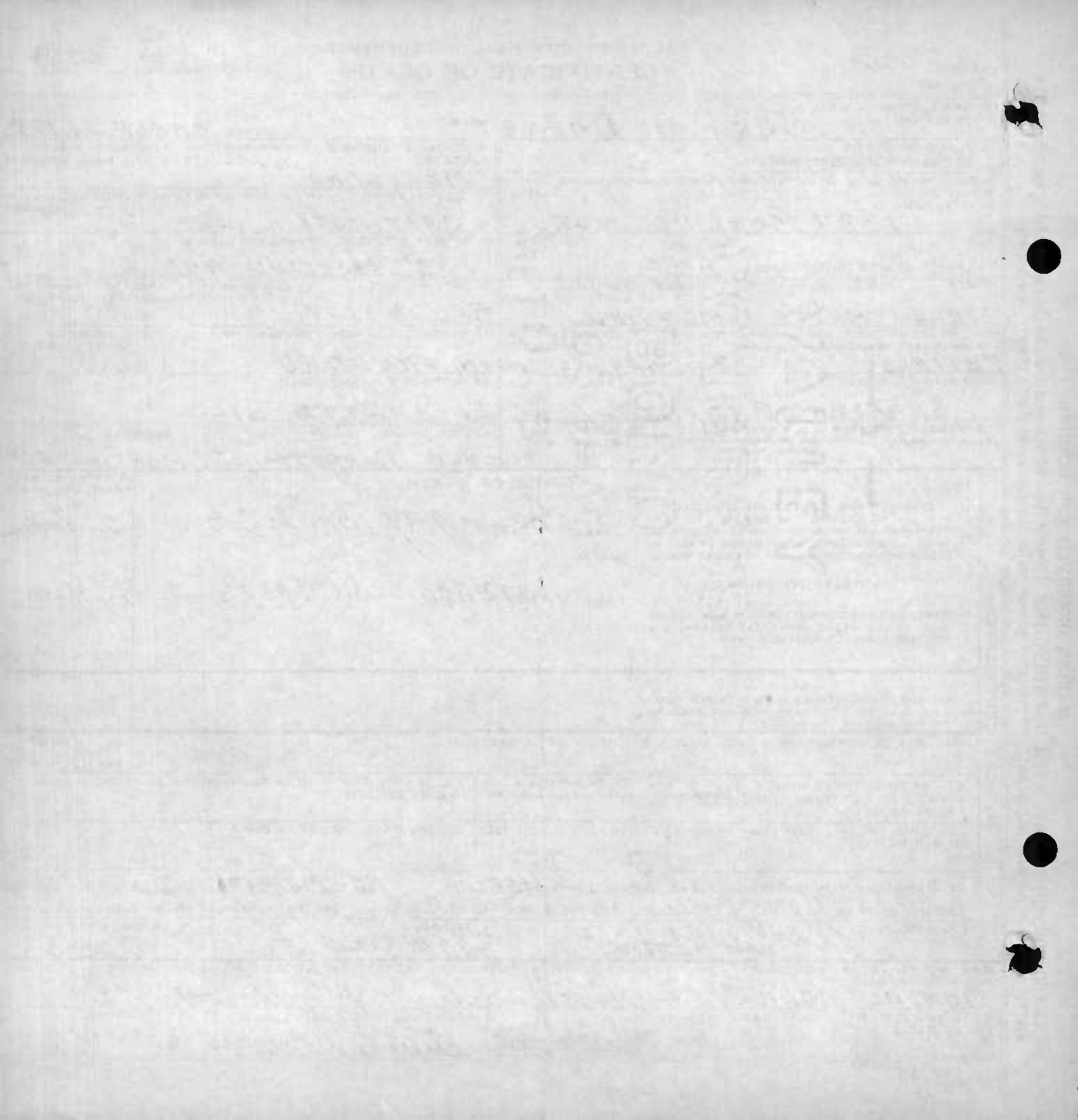
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Christian E. Donovan-3818 Roland Ave

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 53 2980

53 2980
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Ike Berenson</u>			2. DATE OF DEATH <u>3-23-53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore</u>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <u>Md</u> B. COUNTY <u>20-03</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Green Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore Wd.</u>		
c. Length of stay in Baltimore <u>60</u> Yrs. <u>None</u> Days			D. STREET ADDRESS (If rural, give location) <u>2042 Wilkens Ave</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>7-7</u>		9. AGE (in years last birthday) <u>77</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Tailor</u>	11. BIRTHPLACE (State or foreign country) <u>Poland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13. FATHER'S NAME <u>Berek</u>			14. MOTHER'S MAIDEN NAME <u>Not known</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>Anna Berenson - same</u>		

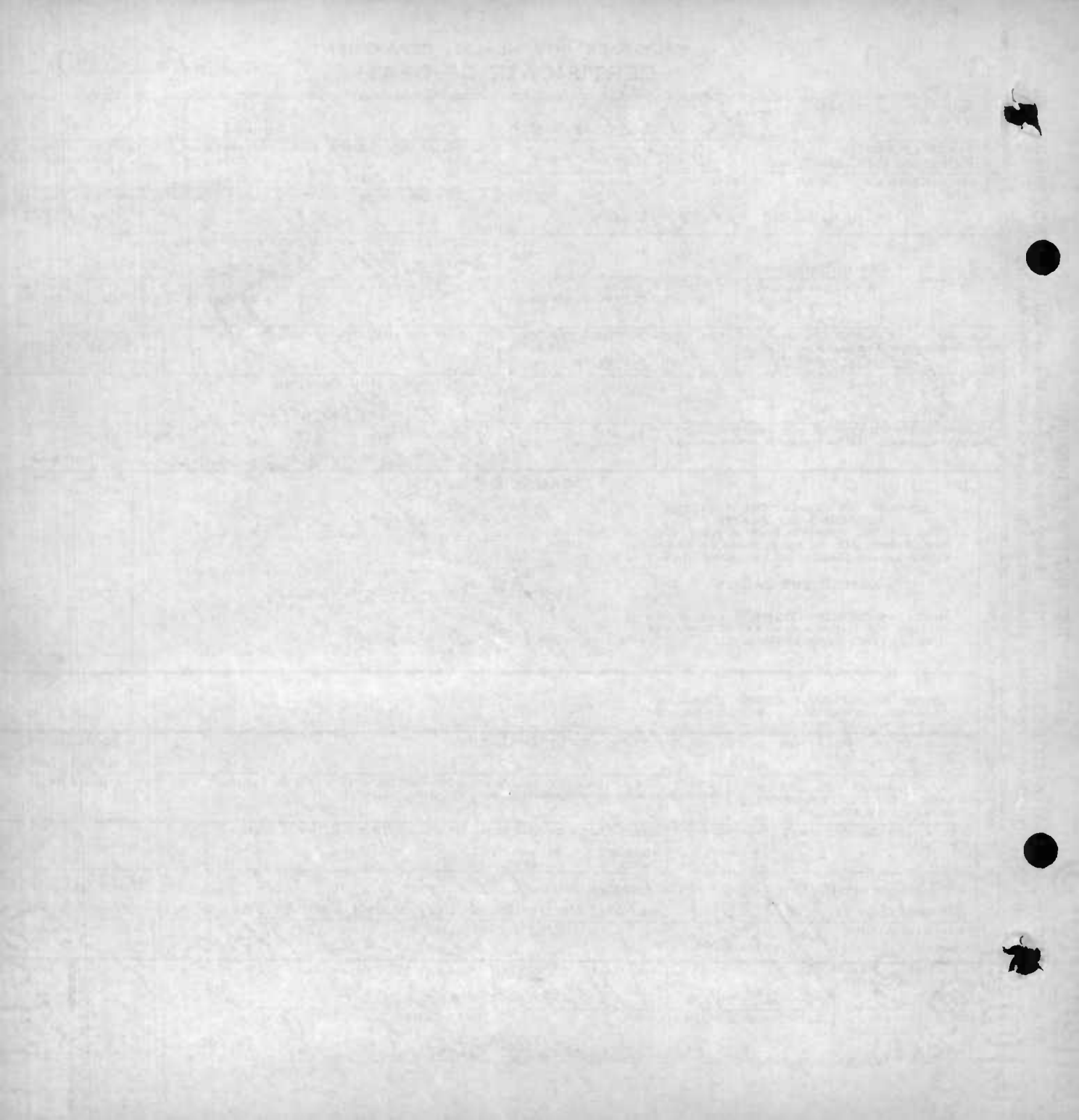
18. <u>443X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH <u>Heart Failure</u> (A) DUE TO <u>Hypertension.</u> (B) DUE TO <u>H.S.C.V.D.</u> (C)	INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION <u>3-6-53</u>		19B. MAJOR FINDINGS OF OPERATION <u>B.P.D.H.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1-11-53</u> to <u>3-23</u> , 19 <u>53</u> that I last saw the deceased alive on <u>3-23-53</u> and that death occurred at <u>9:30 am</u> from the causes and on the date stated above.					
23A. SIGNATURE <u>[Signature]</u>		23B. ADDRESS <u>Green Hosp.</u>		23C. DATE SIGNED <u>3-23-53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>3-24-53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>United Hebrew</u>	
24D. LOCATION (City, town, or county) (State) <u>Balto, Md</u>		25. FUNERAL DIRECTOR <u>Huntington Williams, Maxeen Lewis</u>		ADDRESS <u>2100 Canton Rd</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2981

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HANNAH

PLATSKY

2. DATE
OF
DEATH

3-23-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

70

Levendale

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

60

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

9. AGE (in years)

85

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Isaac

Katz

14. MOTHER'S MAIDEN NAME

Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital records

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

arteriosclerosis

(C)

INTERVAL BETWEEN
ONSET AND DEATH

4 days

years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-9, 1953, to 3-23, 1953, that I last saw the deceased alive on 3-23, 1953, and that death occurred at 2 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Henry Nagel

23B. ADDRESS

Levendale Home

23C. DATE SIGNED

3-23-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-24-53

24C. NAME OF CEMETERY OR CREMATORY

Isaac Israel

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis, Jr. 7100 Canton Rd

ADDRESS

MAR 24 1953



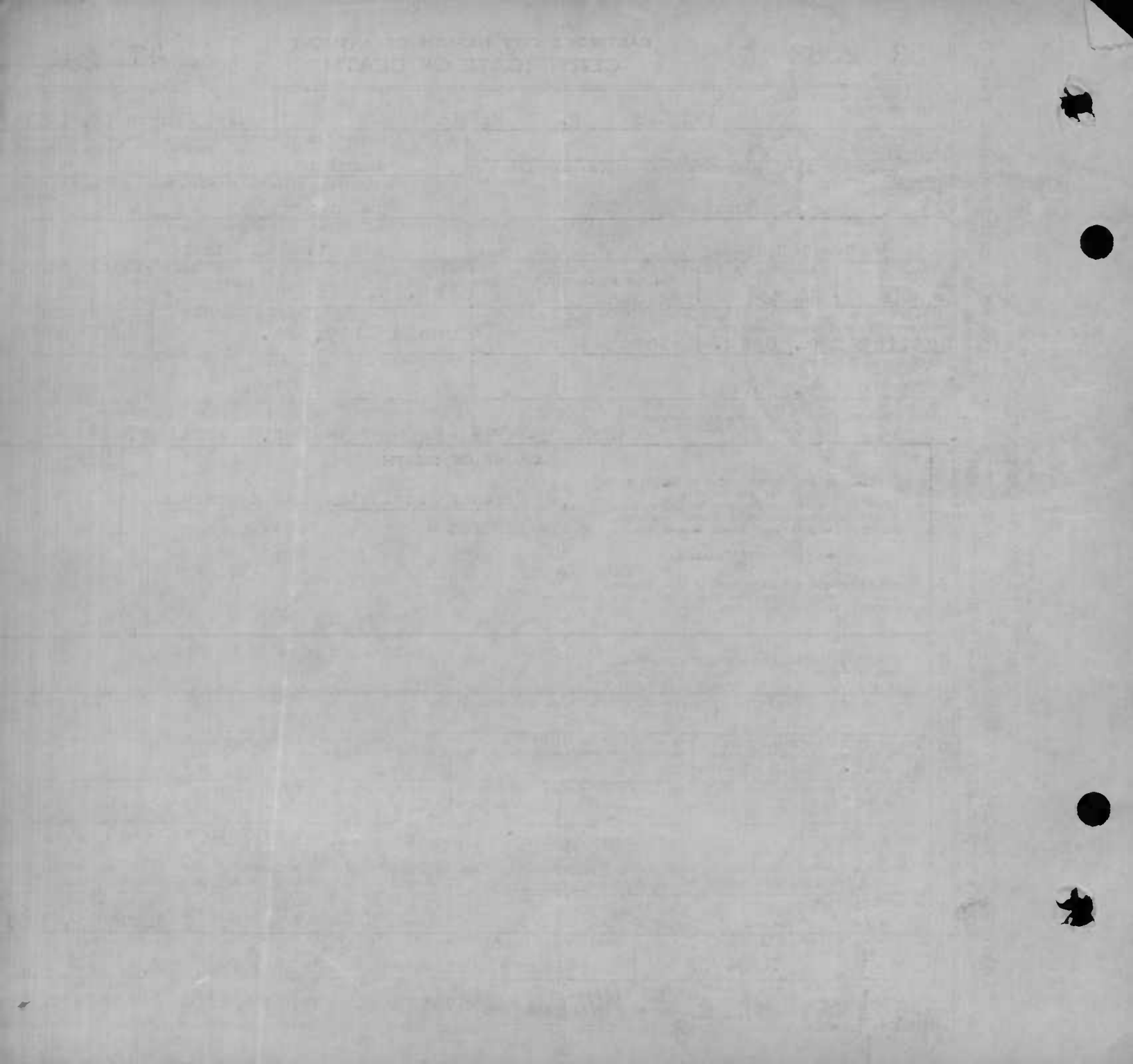
WATLEY
CONGRESS
BOND
100-2-10-10
100-2-10-10



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. <u>53 2982</u>	
BIRTH NO. <u>53 2982</u>					
1. NAME OF DECEASED (Type or Print) <u>FRANCIS E. McFAUL</u>				2. DATE OF DEATH <u>March 18, 1953</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>11-01</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercy Hospital</u>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
C. Length of stay in Baltimore <u>?</u>				D. STREET ADDRESS (If rural, give location) <u>623 St. Paul Street</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Feb. 12, 1906</u>	9. AGE (In years last birthday) <u>47</u>	10. Under 1 Year Months: <u>47</u> Days: <u>47</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cutting Mac. Oper.</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Steel Mill</u>		11. BIRTHPLACE (State or foreign country) <u>Arnold City, Pa.</u>
13. FATHER'S NAME <u>David Joseph. McFaul</u>			14. MOTHER'S MAIDEN NAME <u>Maria B. Glynn</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>293 01-0398</u>		17. INFORMANT ADDRESS <u>Hannah Balmer, Lorraine, Ohio</u>	
18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Coronary occlusion with myocardial infarct</u>				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <u>DUE TO</u> (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <u>William Williams</u>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <u>March 19, 1953</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>3/24/53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Baltimore National</u>	
24D. LOCATION (City, town, or county) <u>Baltimore, Md.</u>		24E. FUNERAL DIRECTOR ADDRESS <u>Howard H. Hubbard, 2503 Edmondson Ave</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 24 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR ADDRESS <u>Howard H. Hubbard, 2503 Edmondson Ave</u>	



53 2983

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2983
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William H. Johnson

2. DATE
OF
DEATH

March 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 224 N. Bulver St.

4. USUAL RESIDENCE (Where deceased lived; If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 20-07

D. STREET ADDRESS (If rural, give location)

224 N. Bulver St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 25, 1881

9. AGE (in years
last birthday)

71

11 Under 1 Year

Months Days

11 Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Wire Worker

10B. KIND OF BUSINESS OR
INDUSTRY

Ornamental

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Johnson

14. MOTHER'S MAIDEN NAME

Eatherine Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

none

16. SOCIAL
SECURITY NO.

312-14-9306

17. INFORMANT

Wiletta Johnson 224 N. Bulver St

ADDRESS

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

(B)

arteriosclerosis

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

6 months

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Cerebral Thrombosis

5 months

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (a.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 19 49 to March 23, 1953, that I last saw the
deceased alive on 3-23-1953, and that death occurred at 3 P.m., from the causes and on the date stated above.

23A. SIGNATURE

M. B. Schreiber

23B. ADDRESS

34 S. Fulton Ave

23C. DATE SIGNED

3-24-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar 26, 1953

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

J. G. Gensel

ADDRESS

5311 Edmondson Ave



WALLEY

DOUGLAS

JACKSON

ALLEN



53 2984

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2984
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Maggie M. Green

2. DATE OF DEATH
March 23, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

524 S. Scott Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

524 S. Scott Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

April 1884

9. AGE (In years last birthday)

68

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Battery Maker

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Green

14. MOTHER'S MAIDEN NAME

Mary ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

J. Allen Wood, 2024 E. Lanvale Street

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Carcinoma of Breast with metastasis

10 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from May 10th, 1953, to March 23rd, 1953, that I last saw the deceased alive on March 23rd, 1953, and that death occurred at 4:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Harry Gates

M. D.

23B. ADDRESS

517 Scott St.

23C. DATE SIGNED

March 24/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

3/25/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

1217 St. Paul Street

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

10/1/19

Causes of Death
with Antecedents

10/1/19 10/1/19 10/1/19
A 10/1/19

10/1/19 10/1/19

10/1/19 10/1/19

10/1/19 10/1/19
10/1/19 10/1/19

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Henry Hachemeister

2. DATE
OF
DEATH

3/22/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

60 2327 N. Charles St.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

2/17/1897

9. AGE (In years
last birthday)

56

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clothing Cutter

10B. KIND OF BUSINESS OR INDUSTRY

Iron King Mfg. Co

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Catherine

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

212-07-6396

17. INFORMANT

C. Irving Hachemeister

ADDRESS

3515 26th Place

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

CROWNRY THROMBOSIS

1/2 HOUR

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)

CROWNRY ARTERIOSCLEROSIS 7 MONTHS

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

POUR

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEP. 30, 1952, to MAR. 22, 1953, that I last saw the deceased alive on MAR. 22, 1953, and that death occurred at 7:30 AM, from the causes and on the date stated above.

23A. SIGNATURE

Gustaf D. Jorgensen

23B. ADDRESS

251 E. 85th 33rd St

23C. DATE SIGNED

3/23/53

24A. BURIAL, CREMATION
OR REMOVAL (Specify)

Burial

24B. DATE

3/25/53

24C. NAME OF CEMETERY OR CREMATORY

London Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 24 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

H. B. B. Co. Inc.

ADDRESS

1217 St. Paul St.

53 2986

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2986

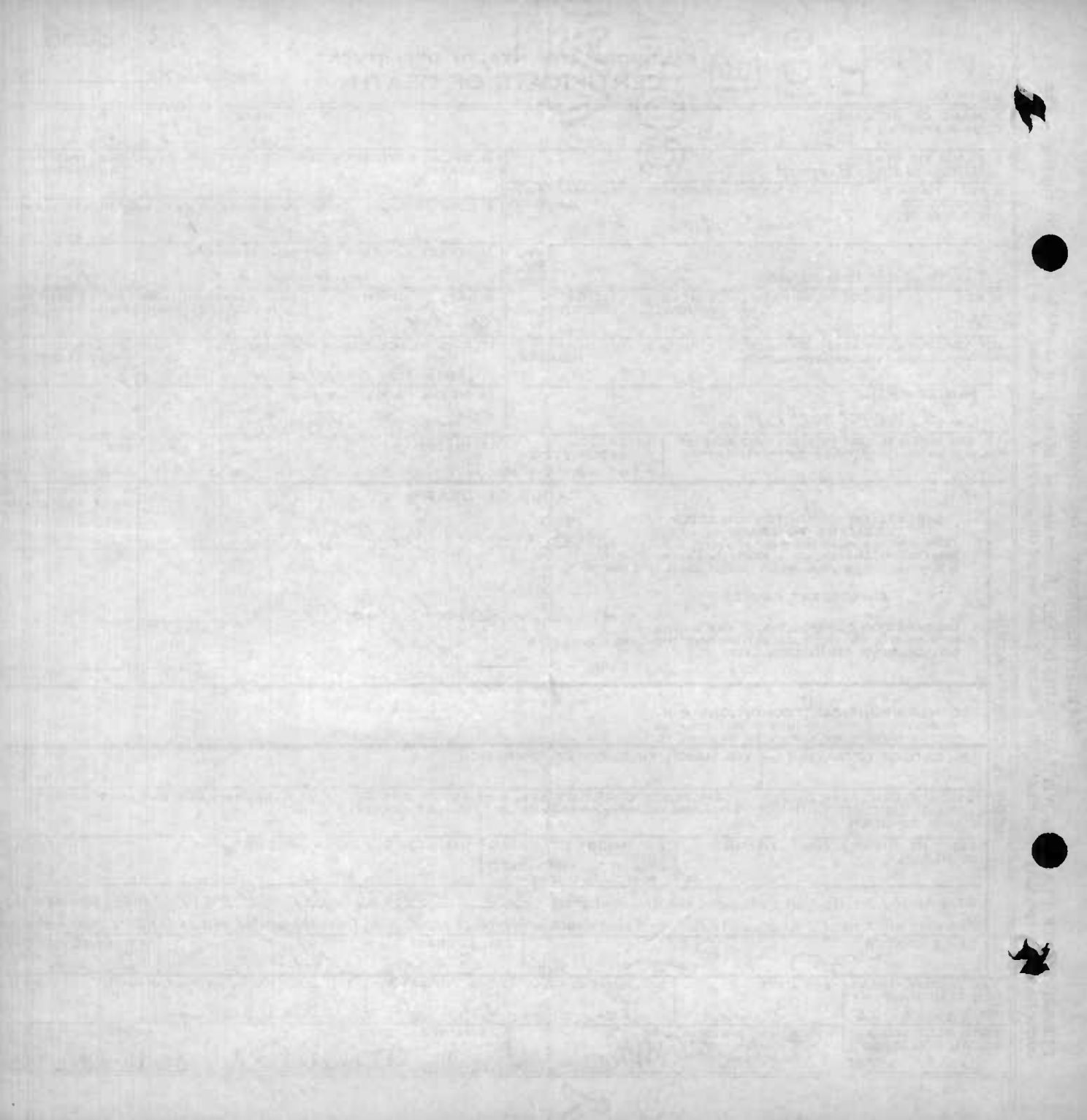
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) William A. Echo			2. DATE OF DEATH 3/22/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 10-02		
C. Length of stay in Baltimore 77			D. STREET ADDRESS (If rural, give location) 859 Hillman Court		
5. SEX M.	6. COLOR OR RACE W.	7. SINGLE (MARRIED) WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH April 4, 1876	9. AGE (In years last birthday) 77	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Printer	11. BIRTHPLACE (State or foreign country) Bowie Md.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Edward Echo			14. MOTHER'S MAIDEN NAME EMMA Wood		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no.		16. SOCIAL SECURITY NO. 216-03-5978	17. INFORMANT Wife		
			ADDRESS 859 Hillman Court		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary Heart Disease DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) arteriosclerosis DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/22 11:20 am 1953 to 2/22 11:45 pm 1953 , that I last saw the deceased alive on 2/22 , 1953, and that death occurred at 4:45 pm. , from the causes and on the date stated above.					
23A. SIGNATURE John Rados M. D.		23B. ADDRESS Mercy Hosp		23C. DATE SIGNED 3/23/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 25		24C. NAME OF CEMETERY OR CREMATORY Landon Park	
24D. LOCATION (City, town, or county) Baltimore		24E. DATE RECEIVED BY LOCAL REGISTRAR March 24 1953		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Rita Wiedefeld		ADDRESS 900 E. Biddle St			



MAF/168825

53 2987

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ella Harris

2. DATE OF DEATH
Mar. 22, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE
Baltimore City Hospitals
4940 Eastern AvenueC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 25-33D. STREET ADDRESS (If rural, give location)
2603 Huron St.

c. Length of stay in Baltimore

66 yrs.

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug. 15, 1886

9. AGE (In years last birthday)

66

If Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Domestic

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles Patterson

14. MOTHER'S MAIDEN NAME

Rebecca Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

1. INFORMANT

Records: Balto. City Hospitals
4940 Eastern Ave.

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac Failure

DUE TO

3 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio Vascular Disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-19-1953 to 3-22-1953, that I last saw the deceased alive on 3-22-1953, and that death occurred at 6 A.M., from the causes and on the date stated above.

23A. SIGNATURE

L. J. Williams

M. D.

23B. ADDRESS

4940 Eastern Ave., Balto. Md.

23C. DATE SIGNED

3-22-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

3/26/53

24C. NAME OF CEMETERY OR CREMATORY

MT. AUBURN CEMETERY

24D. LOCATION (City, town, or county)

BALTIMORE, MD.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

CHARLES A. RICE 661 W. BARRE ST.

ADDRESS

VS 150

7208A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct address is especially important. Physicians: please write the causes of death clearly and legibly.

53 2988

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2988

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK X. GENIV

2. DATE
OF
DEATH

3/22/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

3216 TAYLOR AVE

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

MD

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO 27-05

c. Length of stay in Baltimore

47 YRS

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3216 TAYLOR AVE

5. SEX

M

6. COLOR OR RACE

WHT

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Nov 17-1883

9. AGE (In years last birthday)

64 Y 5

11. Under 1 Year

Months: Days

12. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

BUTCHER RETIRED

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

PETE GENIV

14. MOTHER'S MAIDEN NAME

KATHERINE SEIFFERT

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

218-03-8906

17. INFORMANT

MRS. A. GENIV 3216 TAYLOR AVE

ADDRESS

18. 162X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) CARCINOMATOSIS OF MYOCARDIUM 10 mos
DUE TO direct extension of

ANTECEDENT CAUSES

INOPERABLE PRIMARY BRONCHOGENIC CARCINOMA 1 YEAR

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Aug 1952

19B. MAJOR FINDINGS OF OPERATION

as above

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/12, 1952, to 3/22, 1953, that I last saw the deceased alive on 3/20, 1953, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John H. Henschfeld

M. D.

23B. ADDRESS

6919 Harford Road

23C. DATE SIGNED

3/23/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

3/25/53

24C. NAME OF CEMETERY OR CREMATORY

PARKWOOD CEMETERY

24D. LOCATION (City, town, or county)

TAYLOR AVE

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 24 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

GEO H. LEIMBACH LYNDBURST

ADDRESS

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

NAME OF DECEASED

RESIDENCE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DECEASED'S AGE

DECEASED'S SEX

DECEASED'S OCCUPATION

DECEASED'S MARITAL STATUS

DECEASED'S EDUCATION

DECEASED'S RELIGION

DECEASED'S RACE

DECEASED'S BIRTH DATE

DECEASED'S BIRTH PLACE

DECEASED'S BIRTH COUNTRY

DECEASED'S BIRTH STATE

DECEASED'S BIRTH CITY

DECEASED'S BIRTH COUNTY

DECEASED'S BIRTH ZIP CODE

DECEASED'S BIRTH STATE ABBREVIATION

DECEASED'S BIRTH COUNTRY ABBREVIATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 2989
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Stray, Mr. John ^(Polish Spelling) (STRYCHARZ)

2. DATE
OF
DEATH

3/20/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

734 S. Bond St

C. Length of stay in Baltimore

60 yrs

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

10/13/1892

9. AGE (In years last birthday)

60

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Elevator Operator

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME (STRYCHARZ) ^(Polish Spelling)

Stray, Mr. Frank

14. MOTHER'S MAIDEN NAME

Kapinas, Pauline

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

UNKNOWN

W.W.J.

16. SOCIAL SECURITY NO.

218-10-2992

17. INFORMANT

Patient

ADDRESS

18. 581.1 and 002X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) LAENNEC'S Cirrhosis

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

UNKNOWN

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary Tuberculosis

2 years

19A. DATE OF OPERATION

3/10/53

19B. MAJOR FINDINGS OF OPERATION

Ascites and SMALL scarred Nodular Liver

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3/9 1953 to 3/20 1953 that I last saw the deceased alive on 3/20 1953 and that death occurred at 11:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE

W. Reed Carroll

M. D.

23B. ADDRESS

Church Home & Hospital

23C. DATE SIGNED

3/21/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/25/53

24C. NAME OF CEMETERY OR CREMATOR

St. Stanislaus

24D. LOCATION (City, town, or county)

1300 Dundalk ave

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 24 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

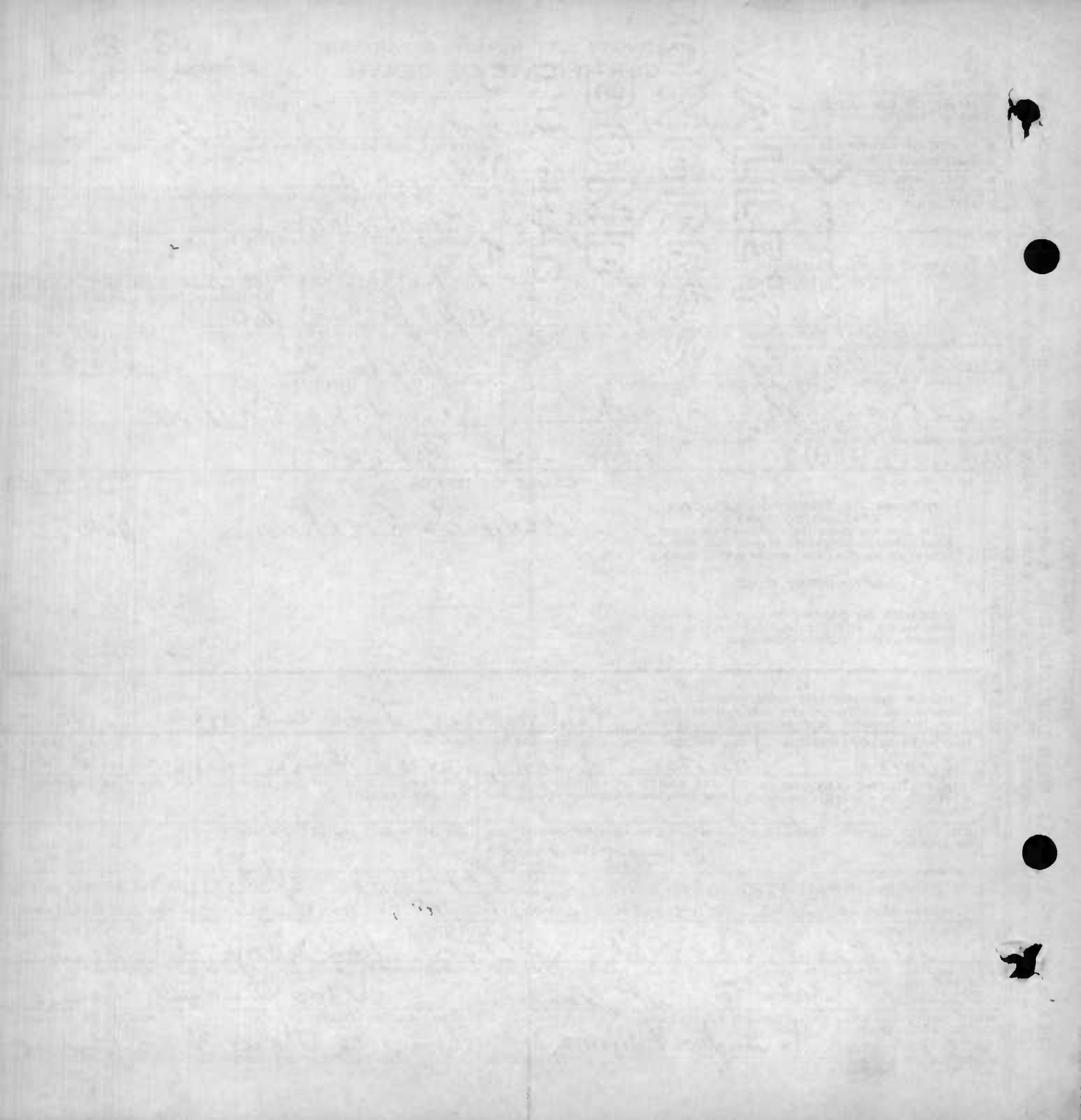
George A. Weber 705 S. Gunpowder

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



53 2990

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2990
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANKLIN R. BOSTWICK (or Robert Franklin)

2. DATE
OF
DEATH

3/22/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Mercy Hospital

c. Length of stay in Baltimore

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 27-38

D. STREET ADDRESS (If rural, give location)

1622 Ramblewood Rd.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

4/19/1899

9. AGE (In years
last birthday)

53

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Machinist

10B. KIND OF BUSINESS OR
INDUSTRY

Steel Mfg.

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Frank E. Bostwick

14. MOTHER'S MAIDEN NAME

Mary Kibbey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mabel Bostwick - 1622 Ramblewood Rd.

18. 445X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Renal failure

1 1/2 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arterio sclerosis

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., In or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 11, 1953, to Mar 22, 1953, that I last saw the
deceased alive on Mar 22, 1953, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Rudas M. D.

23B. ADDRESS

2222 1422

23C. DATE SIGNED

3/22/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/25/53

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

J. S. Tinkner & Son

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

DATE OF DEATH: _____

TIME OF DEATH: _____

PLACE OF DEATH: _____

CAUSE OF DEATH: _____

MANNER OF DEATH: _____

AGE: _____

SEX: _____

RACE: _____

EDUCATION: _____

OCCUPATION: _____

RELIGION: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

DATE OF ENTRY: _____

PLACE OF ENTRY: _____

DATE OF DEPARTURE: _____

PLACE OF DEPARTURE: _____

DATE OF RETURN: _____

PLACE OF RETURN: _____

DATE OF DEATH: _____

TIME OF DEATH: _____

PLACE OF DEATH: _____

CAUSE OF DEATH: _____

MANNER OF DEATH: _____

AGE: _____

SEX: _____

RACE: _____

EDUCATION: _____

OCCUPATION: _____

RELIGION: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

DATE OF ENTRY: _____

PLACE OF ENTRY: _____

DATE OF DEPARTURE: _____

PLACE OF DEPARTURE: _____

DATE OF RETURN: _____

PLACE OF RETURN: _____

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-516
53 2991BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2991
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John J. Humphrey

2. DATE
OF
DEATH

3/22/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (not in hospital or institution, give street address or location)

1311 Poplar Grove St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1311 Poplar Grove St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

divorced

8. DATE OF BIRTH

June 14, 1898

9. AGE (in years
last birthday)

34

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

Insurance

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Humphrey

14. MOTHER'S MAIDEN NAME

Mary ---

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Harold Roman-120-2nd St., Keyport, N.J.

18. E900.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

CRANIO CEREBRAL

DUE TO

INJURY.

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING ☒ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

1311 POPLAR GROVE ST

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

3 22 53 A

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell down STEPS

16/7

22. I certify that I took charge of the remains described above, held an AUTOPSY thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R SF ishar

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

3-22-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/24/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 24 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. J. Tichener & Sons

ADDRESS

Balto 17, Md.

VS 151

N 803.2

45073

John F. McLaughlin
1871-1872

53 2992

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 2992

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

NELLYE PLITT BISHOP

2. DATE
OF
DEATH

Mar. 21, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
STATE before admission)

Md.

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

312 Oakdale Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

312 Oakdale Rd.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 22, 1879

9. AGE (In years
last birthday)

73

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Plitt

14. MOTHER'S MAIDEN NAME

--

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Edwin A. Bishop-312 Oakdale Rd.

18. 420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Antihypertensive Cardio.
Vascular disease with
DUE TO acute coronary thrombosisINTERVAL BETWEEN
ONSET AND DEATHSeveral
hrs.
5 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C) DUE TOII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☒
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 1948 to Mar 21, 1953, that I last saw the
deceased alive on May 21, 1953, and that death occurred at 4:18 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Luther E. Little

23B. ADDRESS

M. D.

10 W. Madison St.

23C. DATE SIGNED

3-23-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/24/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Balth 17, Md.

53 2993

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2993
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMMA K. SNAPP

2. DATE
OF
DEATH

Mar. 22, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3505 Carsdale Ave.

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Sept. 23, 1873

9. AGE (In years last birthday)

79

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

- Taylor

14. MOTHER'S MAIDEN NAME

--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. A. H. Katz - 3505 Carsdale Ave. #7

18. 443X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

(B) DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

2 yrs

2 + yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-9, 1951, to 3-22, 1953, that I last saw the deceased alive on 3-16, 1953, and that death occurred at 3:33 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/25/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

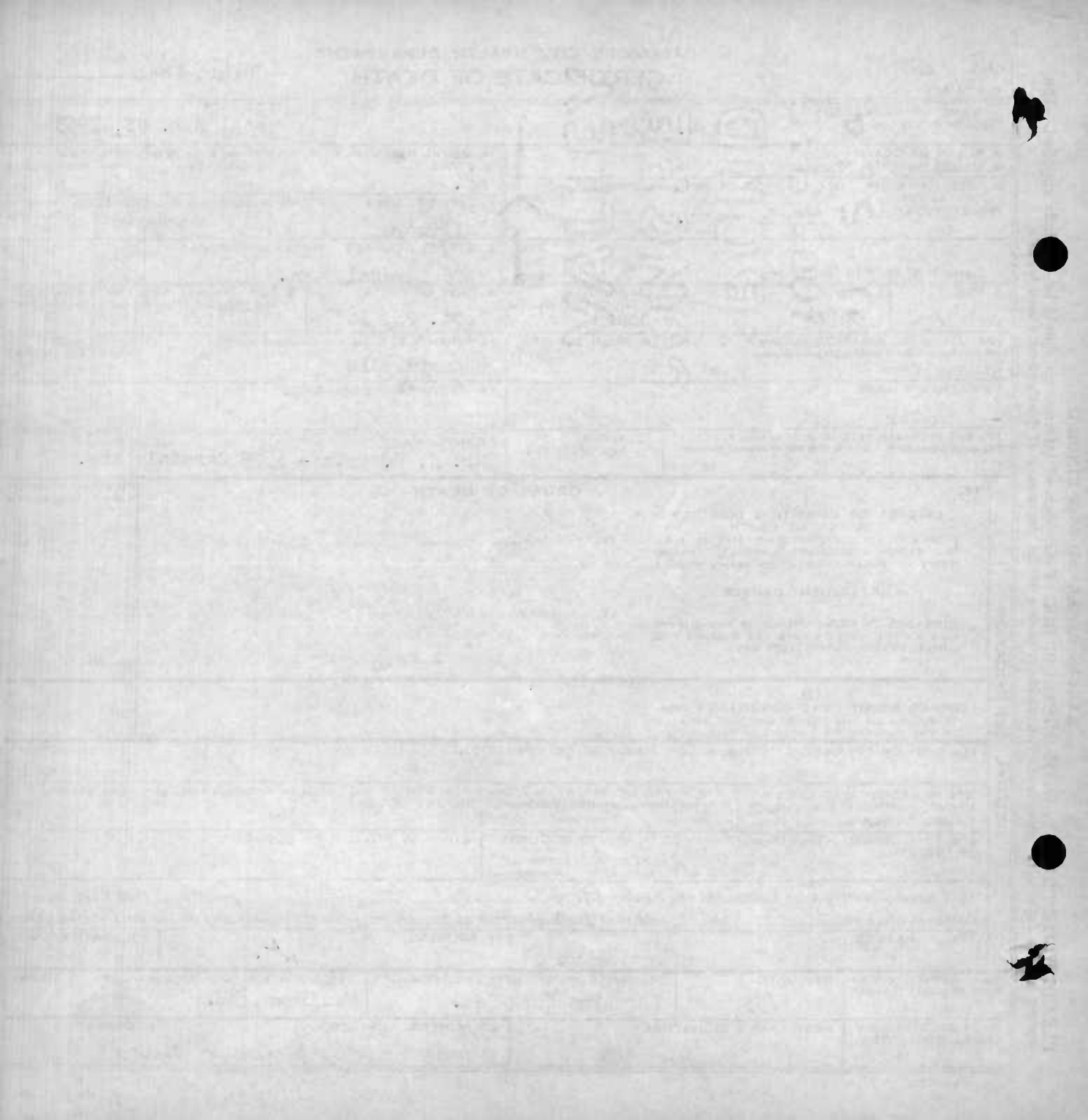
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Barto 17, Md.



D-600
CCG-167932 53 2994BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2994

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Dare

2. DATE
OF
DEATH

Mar. 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4904 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Barawil Conv. Home, 2101 Cold Spring Lane

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) 52
If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Records, Balto. City Hospitals
4904 Eastern Ave.

18. 561.5

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Embolus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3-10-53

19B. MAJOR FINDINGS OF OPERATION

Strangulated Hernia with 6ft. gangrenous bowel

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2.. 17.. 53, to 3-19-53, 19.., that I last saw the deceased alive on 3-19-53, 19.., and that death occurred at 10.50am from the causes and on the date stated above.

23A. SIGNATURE

H. J. Williams

23B. ADDRESS

4904 Eastern Ave

23C. DATE SIGNED

3.21.53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 24 1953 Huntington Williams, M.D. Mrs. Kate R. Williams, Schaefer St

CERTIFICATE OF DEATH

1-7-31

Name of Deceased		Sex		Age		Date of Birth		Place of Birth		Usual Residence		Cause of Death		Date of Death		Place of Death		Signature of Registrar		Signature of Medical Officer	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2995
Registered No.

BIRTH NO. 53 2995

1. NAME OF DECEASED
(Type or Print)

EDWARD B COOPER

2. DATE
OF DEATH March 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

25-33

D. STREET ADDRESS (If rural, give location)

2628 Pierpont Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 22, 1917 35

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Waiter

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Philadelphia Pa

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Edward Cooper

14. MOTHER'S MAIDEN NAME

Carnie Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

W.W. II

16. SOCIAL
SECURITY NO.

17. INFORMANT

Theresa E. Cooper

ADDRESS 2628
Pierpont St

18. E 823.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Bronchopneumonia and Uremia

DUE TO Pylonephritis due to

Multiple fractures

ANTECEDENT CAUSES

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

restaurant

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

2709 Washington Boulevard

21D. TIME (Month) (Day) (Year) (Hour)

March 10, 1953 9:30 P.m.

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☒ AT WORK ☐21F. HOW DID INJURY OCCUR? Struck by auto
which crashed through restaurant window22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. B. Fisher

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
M.D. MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
March 20, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/25/1953

24C. NAME OF CEMETERY OR CREMATORY

Balto. National Cem

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

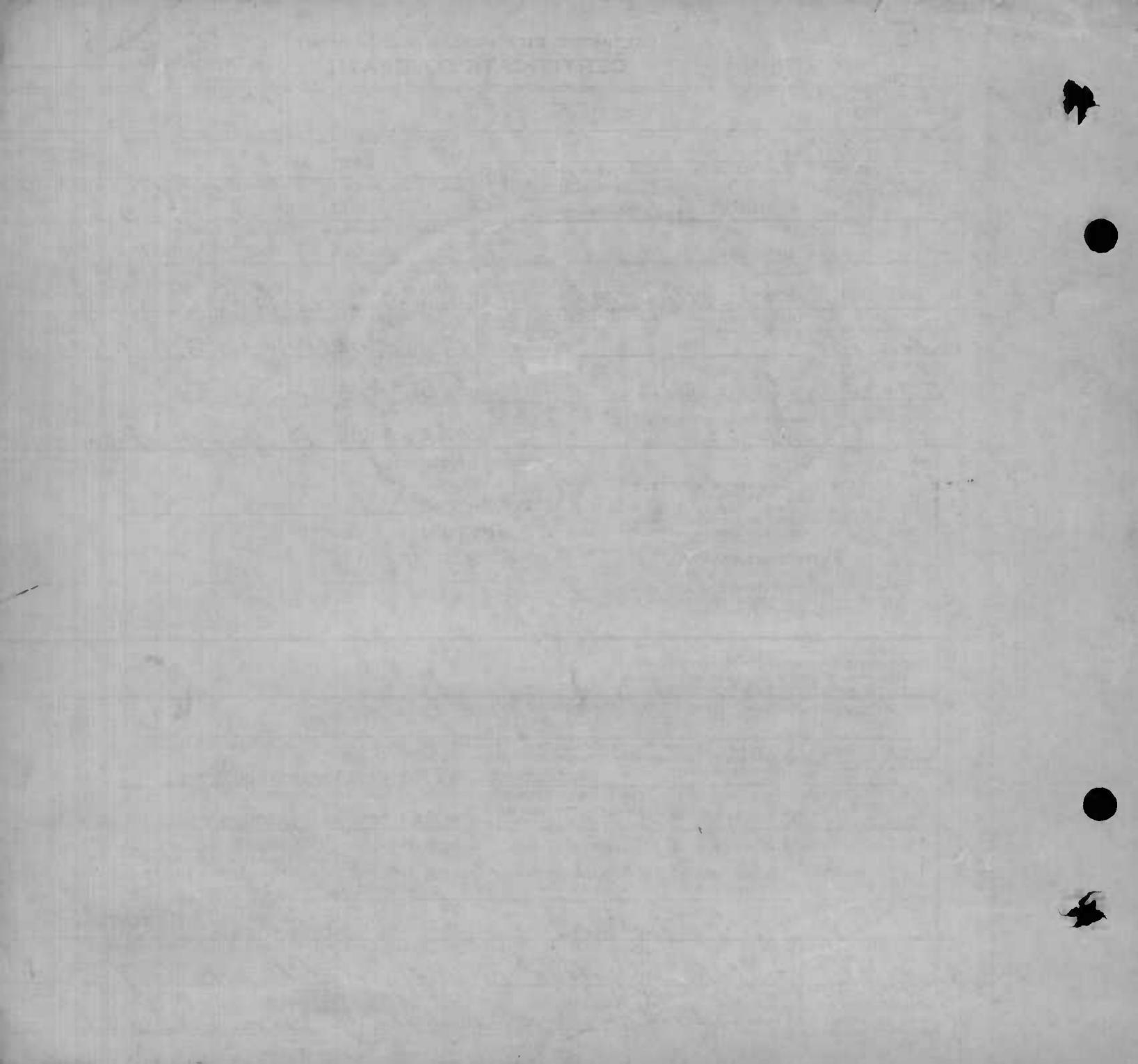
ADDRESS 322 N

Schreder St.

VS 151

N 869.0

785464



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 2996
Registered No. 9698

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Austin

2. DATE
OF
DEATH

March 21, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution, residence
A. STATE B. COUNTY before admission)B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

1804 Harlem Ave.

Baltimore

16-04

c. Length of stay in Baltimore

Yrs.
Mos.
Days

1804 Harlem Ave.

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

July 19, 1889

9. AGE (In years
last birthday)

63

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Lumber

10B. KIND OF BUSINESS OR
INDUSTRY

Saw

11. BIRTHPLACE (State or foreign country)

S.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

P

14. MOTHER'S MAIDEN NAME

P

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Hudson Austin

ADDRESS

1804
Harlem Ave

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral hemorrhage

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerosis

26 P. 18-52

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from P-18-1952 to 3-21-1953, that I last saw the
deceased alive on 3-21-1953, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Frank A. Saunders

M. D.

23B. ADDRESS

1029 N. Stricker St.

23C. DATE SIGNED

3-23-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/24/1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem. Baltimore

24D. LOCATION (City, town, or county)

Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

Mrs. Katie B. Williams

ADDRESS

322 N. Schroeder St.

M-600
53 2997BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2997

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mamie E. Morrow

2. DATE
OF
DEATH

3/21/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1510 North Madeira St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

8-04

D. STREET ADDRESS (If rural, give location)

1510 North Madeira Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 4, 1878

9. AGE (In years;
last birthday)

74

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

George S. Batzer

14. MOTHER'S MAIDEN NAME

Elizabeth Renty

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, or not known) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Charles T. Morrow - 1510 N. Madeira

ADDRESS

18. 174X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Thrombosis

5 days

DUE TO Carcinoma of Uterus &
Appendages

6 Mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 2, 1953, to March 21, 1952 that I last saw the
deceased alive on 3-20, 1953, and that death occurred at 8 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Allard S. Singerwald

23B. ADDRESS

1613 E. North Ave. Balto. Md.

23C. DATE SIGNED

3-23-53

24A. BURIAL, CREM-
ATION, REMOVAL (Specify)

Burial

24B. DATE

3-25-53

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Frederick Rd. Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

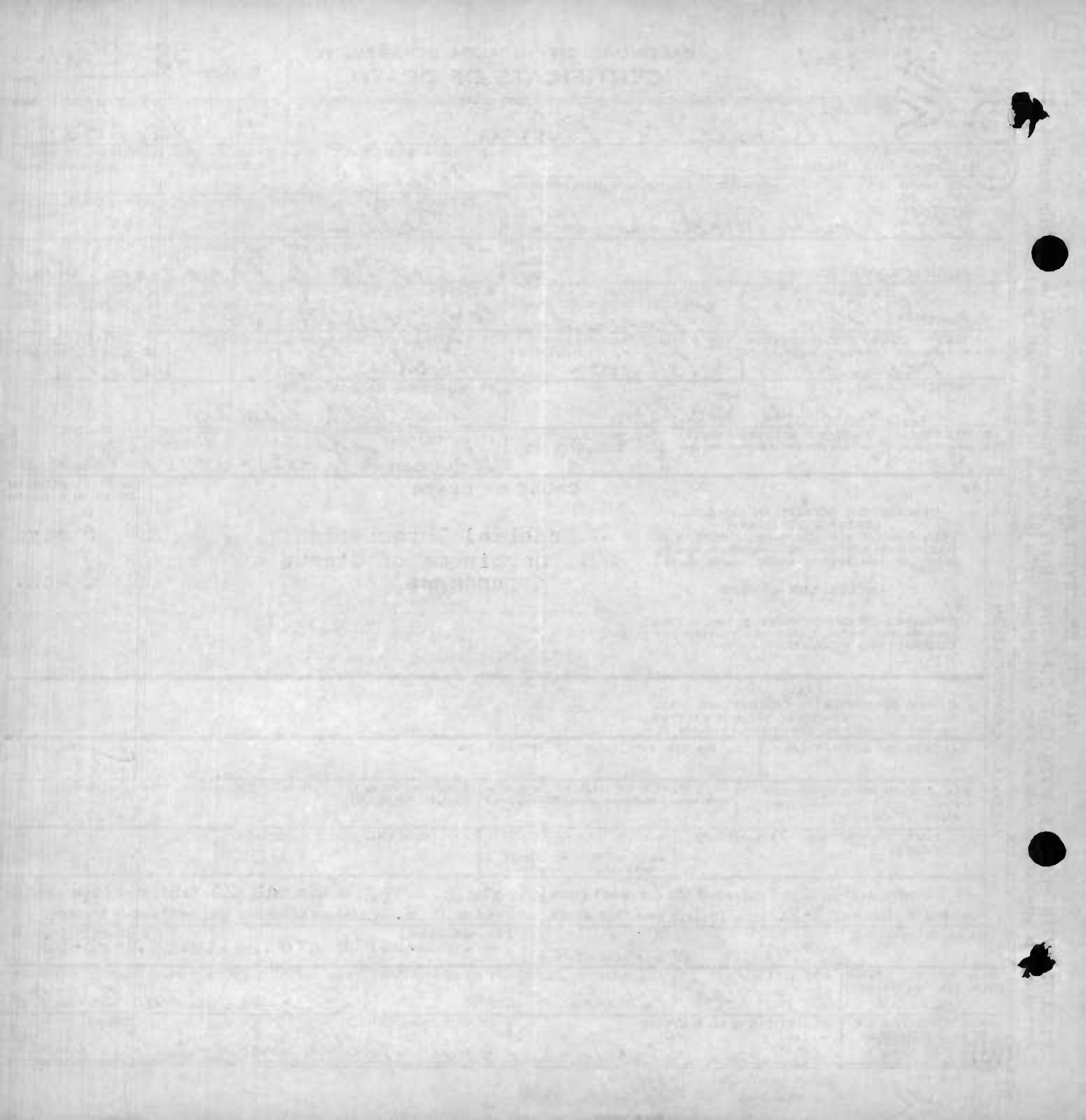
25. FUNERAL DIRECTOR

ADDRESS

MAR 24 1953

Allard S. Singerwald

John C. Miller Inc. 2431 E. Oliver St.



MARGIN RESERVED FOR BINDING

PLEASE TYPE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

AB-15801

H-200
53 2998

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 2998

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dennis (Hays) Hayes

2. DATE
OF
DEATH

March 23-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE Baltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 26-12

D. STREET ADDRESS (If rural, give location)
Baltimore City Hospitals-4940 Eastern Ave.

C. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 1-1875

9. AGE (In years last birthday)

78

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Handy Man

10B. KIND OF BUSINESS OR INDUSTRY

Baltimore City Hospital

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Patrick Hayes (Hays)

14. MOTHER'S MAIDEN NAME

Mary Mason

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Ave.

1B. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebro-vascular Accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-5, 1930, to 3-23, 1953, that I last saw the deceased alive on 3-23, 1953, and that death occurred at 6.15 m., from the causes and on the date stated above.

23A. SIGNATURE

John J. Gowen

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

3-23-1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/25/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county) (State)

4500 Old Frederick Rd.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Gowen & Son

ADDRESS

4500 Old Frederick Rd.

MAR 24 1953

VS-150

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

NAME OF DECEASED: [illegible]
AGE: [illegible] SEX: [illegible]
DATE OF BIRTH: [illegible]

PLACE OF BIRTH: [illegible]
RESIDENCE: [illegible]
OCCUPATION: [illegible]
CAUSE OF DEATH: [illegible]
MANNER OF DEATH: [illegible]
DATE OF DEATH: [illegible]
PLACE OF DEATH: [illegible]
SIGNATURE OF PHYSICIAN: [illegible]
SIGNATURE OF REGISTRAR: [illegible]

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

73-635 53 2999		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 2999 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) BESSIE BRITTAIN			2. DATE OF DEATH 3-20-53		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION Balto. City Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 24 YRS.			d. STREET ADDRESS (If rural, give location) 1927 E. Fairmount Ave.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 22, 1899	9. AGE (in years last birthday) 54	10. Under 1 Year Months: Days 11. Under 24 Hours Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			11. BIRTHPLACE (State or foreign country) Birenham, Pa.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME James Spigelmeyer			14. MOTHER'S MAIDEN NAME May Carstetter		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. NONE	17. INFORMANT ADDRESS Lloyd Brittain, 1927 E. Fairmount Ave		
18. 420.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Artery Sclerosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23a. SIGNATURE R. S. Fisher		23b. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23c. DATE SIGNED 3-21-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 24, 1953		24c. NAME OF CEMETERY OR CREMATORY Oak Lawn	
DATE RECEIVED BY LOCAL REGISTRAR March 24 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Wendell Dippel, 312 S. Highland Ave.	

IN 1951

HONORABLE

WOLF

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct spelling of names is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

BENJAMIN DETERMAN

2. DATE
OF
DEATH

3/21/1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALTIMORE CITY

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

3-01

D. STREET ADDRESS (If rural, give location)

308 SPRING COURT

c. Length of stay in Baltimore

49

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Feb 28, 1874

9. AGE (In years last birthday)

79

If Under 1 Year

If Under 24 Hours

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

FRANK DETERMAN

14. MOTHER'S MAIDEN NAME

ELIZABETH LUTMER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

213-10-2051A

17. INFORMANT

ADDRESS

MARY DETERMAN 308 SPRING CT

18. 153X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Pulmonary Embolism

8 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Postoperative Cancerous

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

Carcinoma Cervix

20. AUTOPSY?

YES ☐NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Feb 26, 1953, to March 21, 1953, that I last saw the deceased alive on March 21, 1953, and that death occurred at 5:30 AM., from the causes and on the date stated above.

23A. SIGNATURE

J. P. Swansburg

M. D.

23B. ADDRESS

Univ. of Md. Hosp.

23C. DATE SIGNED

3-24-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 24 1953

Huntington

WENDELL DIPPEN Highland Ave

CERTIFICATE OF DEATH

1/2/1901

1901